


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90197 028 ***150.00

DOCUMENT # P14841
 1. Entity Name
RACETRAC PETROLEUM, INC.



Principal Place of Business
**300 TECHNOLOGY COURT
 SMYRNA, GA 30082-5232**

Mailing Address
**300 TECHNOLOGY COURT
 SMYRNA, GA 30082-5232**

2. Principal Place of Business
3225 Cumberland Blvd

3. Mailing Address
3225 Cumberland Blvd

Suite, Apt. #, etc.
Ste. 100

Suite, Apt. #, etc.
Ste. 100

City & State
Atlanta GA

City & State
Atlanta GA


Zip
30339

Country

Zip
30339

Country

03222006 Chg-P CR2E034 (11/05)



4. FEI Number
63-0642959

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terms change)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PASD LENKER, MAX V. 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOLCH, SUSAN BASS 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO DUMBACHER, BOB 300 TECHNOLOGY COURT SMYRNA, GA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CASC BOLCH, CARL, JR. 300 TECHNOLOGY COURT SMYRNA, GA 30082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS CZAJA, CLAUDE P 300 TECHNOLOGY CT SMYRNA, GA 30082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, ALLISON BOLCH 300 TECHNOLOGY CT SMYRNA, GA <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK NAME STREET ADDRESS CITY - ST - ZIP 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK NAME STREET ADDRESS CITY - ST - ZIP 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK NAME STREET ADDRESS CITY - ST - ZIP T.CFO-AS-D 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK NAME STREET ADDRESS CITY - ST - ZIP 3225 Cumberland Blvd, Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OK NAME STREET ADDRESS CITY - ST - ZIP VP-AS-Gen. Counsel Gura, Philip P. 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK NAME STREET ADDRESS CITY - ST - ZIP 3225 Cumberland Blvd, Ste. 100 Atlanta GA 30339

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Dumbacher **ROBERT J. DUMBACHER** 4/25/06 (770) 431-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #