2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# F00000005941

Entity Name: PROFESSIONAL DRIVERS OF GEORGIA, INC.

Current Principal Place of Business:

1040 CROWN POINTE PARKWAY, SUITE 1040
ATLANTA, GA 30338

New Principal Place of Business:

Current Mailing Address:

1040 CROWN POINTE PARKWAY, SUITE 1040
ATLANTA, GA 30338

New Mailing Address:

FEI Number: 58-2575346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BICKES, THOMAS A	
Address:	1040 CROWN POINTE PARKWAY, SUITE 1040	
City-St-Zip:	ATLANTA, GA 30338	
Title:	S	( ) Delete
Name:	GREENBRM, SHARON	
Address:	1040 CROWN POINTE PARKWAY STE 1040	
City-St-Zip:	ATLANTA, GA 30338	
Title:	ST	( ) Delete
Name:	POOLE, SHAWN W	
Address:	1040 CROWN POINTE PARKWAY, SUITE 1040	
City-St-Zip:	ATLANTA, GA 30338	
Title:	VP	( ) Delete
Name:	PORRAS, CHRIS	
Address:	1040 CROWN POINTE PKWY STE 1040	
City-St-Zip:	ATLANTA, GA 30338	
Title:	ASD	( ) Delete
Name:	PETTYJOHN, STAYTON	
Address:	1040 CROWN POINTE PARKWAY, SUITE 1040	
City-St-Zip:	ATLANTA, GA 30338	
Title:	T	( ) Delete
Name:	TIDMORE, DONI	
Address:	1040 CROWN POINTE PARKWAY SUITE 1040	
City-St-Zip:	ATLANTA, GA 30338	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	GREENBAUM, SHARON	
Address:	1040 CROWN POINTE PARKWAY STE 1040	
City-St-Zip:	ATLANTA, GA 30338	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON O. GREENBAUM MRS. 03/27/2008

Electronic Signature of Signing Officer or Director — Date