

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004506

FILED
May 30, 2007
Secretary of State

Entity Name: SAVE MY LICENSE OF FLORIDA, INC.

Current Principal Place of Business:

8840 STANFORD BOULEVARD
SUITE 4000
COLUMBIS, MD 21045

New Principal Place of Business:

8840 STANFORD BOULEVARD
SUITE 4000
COLUMBIA, MD 21045

Current Mailing Address:

8840 STANFORD BOULEVARD
SUITE 4000
COLUMBIS, MD 21045

New Mailing Address:

FEI Number: 54-2097570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, RAY
Address: 8840 STANFORD BOULEVARD, SUITE 4000
City-St-Zip: COLUMBIA, MD 21045

Title: D () Delete
Name: MASON, ROY ESQ.
Address: 8840 STANFORD BOULEVARD, SUITE 4000
City-St-Zip: COLUMBIA, MD 21045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RAY MILLER

PD

05/30/2007

Electronic Signature of Signing Officer or Director

_____ Date