

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172465

Entity Name: DRIVING SOLUTIONS, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

1821 SOUTH STATE ROAD 7
FT. LAUDERDALE, FL 33317

New Principal Place of Business:

Current Mailing Address:

10416 W MCNBA ROAD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-2038655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERRABTE, CATHLEEN M
10416 W MCNAB ROAD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

INTERRANTE, CATHLEEN M
10416 W MCNAB ROAD
TAMARAC, FL 33321 US

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: CATHLEEN M INTERRANTE

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSHEFSKY, STEVE
Address: 11130 NW 24ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: TURNER, DONALD
Address: 7032 NANDINA LANE
City-St-Zip: TAMARAC, FL 33321

Title: ST () Delete
Name: INTERRANTE, CATHLEEN M
Address: 740 S FEDERAL HWY #512
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SHERMAN, JONATHAN A
Address: 7256 NW 61 TERR
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: SAROKOFF, CRAIG
Address: 2771 NW 107 TERR
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN RUSHEFSKY

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date