## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29562

FILED Apr 28, 2006 Secretary of State

Entity Name: AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION OF FLORIDA, INC.

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
4603 REEC PLANT CIT	E RD Y, FL 33566	US				
Current Mailing Address:			New Mailir	New Mailing Address:		
4603 REEC PLANT CIT	E RD Y, FL 33566	US				
FEI Number: 65-0142025		FEI Number Applied For ( )	FEI Number Not Applicable ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
910 CHARL	IT, PHILLIP J LES STREET DD, FL 32750	US				
The above in the State		ubmits this statement for the p	ourpose of changing it	s registered	office or registered agent, or both,	
SIGNATUR	!E:					
	Electronic	Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( ) Delete FULMER, RICHARD 2712 LAUREL OAK DR PLANT CITY, FL 33566 US		Title: Name: Address: City-St-Zip:	()Change ()Addition ip:		
Title: Name: Address: City-St-Zip:	MITCHELL, STEV 129 ROBIN RD	Delete VE RINGS, FL 32701 US	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	GARREN, STEVE	OD CREEK DR NW	Title: Name: Address: City-St-Zip:	SD (X DOYLE, CHAF 4324 HALIFAX ROSWELL, G	K TERRACE	
Title: Name: Address: City-St-Zip:	TD () [ FAUSNIGHT, PHI 412 KENTUCKY APOPKA, FL 32	BLUE CIRCLE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP J. FAUSNIGHT TD 04/28/2006