FILED
Feb 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005186

1. Entity Name
SAFERIDE MOTOR CLUB, INC.

Principal Place of Business
10061 RIVERSIDE DRIVE, SUITE #864
TOLUCA LAKE, CA 91602

Mailing Address
10061 RIVERSIDE DRIVE, SUITE #864
TOLUCA LAKE, CA 91602

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1709415

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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

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

000000418630
02/14/06-80014-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCS
NAME	BREINDEL, WILLIAM
STREET ADDRESS	10061 RIVERSIDE DRIVE, SUITE #864
CITY-ST-ZIP	TOLUCA LAKE, CA 91602
TITLE	VTD
NAME	ISAACSON, JAMES
STREET ADDRESS	10061 RIVERSIDE DRIVE, SUITE #864
CITY-ST-ZIP	TOLUCA LAKE, CA 91602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ X 1-26-06 818.754.1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number