FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

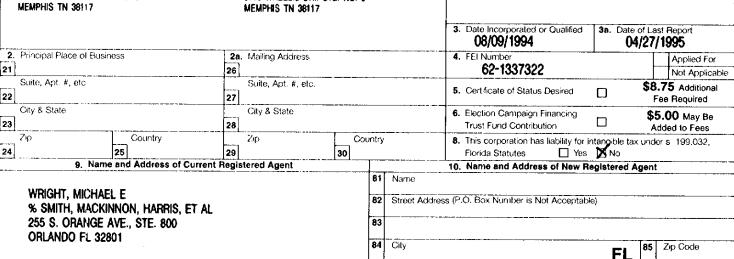
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DOCUMENT # DRIVING EDGE, INC.

Principal Place of Business 5178 WHEELIS DR., STE. NO. 5 Mailing Address

5178 WHEELIS DR., STE. NO. 5



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named comporation submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:					
Signature, typed or printed name of registered agort and title in applicable. (NOTE, Registered Agort synature requires when reinstating) (DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIFLE	DP	☐ DELETE	1. 1 TITLE	☐ Change	Addition
NAME	BALTON, STEPHEN M		1.2 NAME		
STREET ADDRESS	5178 WHEELIS DR., STE. NO. 5		1.3 STREET ADDRESS		
CITY+S1-ZIP	MEMPHIS TN 38117		1.4 CITY - ST - ZIP		
TITLE	DS	☐ DELETE	2 1 THILE	☐ Change	Addition
MAME	JACKSON, TIM		2 2 NAME		
STREET ADDRESS	5178 WHEELIS DR., STE. NO. 5		2 3 STREET ADDRESS		
CICY-ST-ZIP	MEMPHIS TN 38117		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE	☐ Change	Addition
NAM:			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-S1-ZIP			3.4 CHTY - ST - ZIP		
TIFL E		☐ DELETE	4 1 THTLE	☐ Change	Addition
NAME			4.2 NAME		
STREE! ADDRESS			4.3 STREET ADDRESS		
CITY-SF-ZIP	ļ		4.4 CITY - ST - ZIP		
TITLE		DELETE	5. 1 TITLE	☐ Change	Addition
NAME			5 2 NAME		
STHEET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIF		
TITLE		DELETE	6 1 TITLE	☐ Change	Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CHTY - ST - ZIP		

d with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further fonual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under orporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name oath; that I am an officer or direct of the appears in Block 12 or Bloc

SIGNATURE: