

2006 FOR PROFIT CORPORATION ANNUAL REPORT


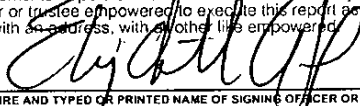
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Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90124 002 ***158.75

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01102006 Chg-P CR2E034 (11/05)

DOCUMENT # F99000001980							
1. Entity Name TRUCK DRIVER INSTITUTE, INC.							
Principal Place of Business 3700 ST JOHNS PKWY SANFORD, FL 32771			Mailing Address PO BOX 1599 MURFREESBORO, TN 37133-1599				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 62-1466479			
				Applied For Not Applicable			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DEJESUS, BELINDA 3700 ST JOHN PKWY SANFORD, FL 32771			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PCT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GAST, THOMAS J		NAME				
STREET ADDRESS	6201 EPPS MILL ROAD		STREET ADDRESS				
CITY-ST-ZIP	CHRISTIANA, TN 37037		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GAST, JOSEPH M		NAME				
STREET ADDRESS	6201 EPPS MILL ROAD		STREET ADDRESS				
CITY-ST-ZIP	CHRISTIANA, TN 37037		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FOX, ELIZABETH A		NAME				
STREET ADDRESS	6201 EPPS MILL ROAD		STREET ADDRESS				
CITY-ST-ZIP	CHRISTIANA, TN 37037		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 another line empowered.							
SIGNATURE: 			3/17/06		615-948-7381		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		