2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # G97528 1. Entity Name MCDONALD DRIVING SCHOOL, INC. Principal Place of Business Mailing Address 601 W.OAKLAND PK.BLVD., #26 601 W.OAKLAND PK.BLVD., #26 FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-2558070 Not Applicable $Z_{i}p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDONALD, EASTON Street Address (P.O. Box Number is Not Acceptable) 601 W.OAKLAND PK.BLVD., #26 FT. LAUDERDALE FL 33311 City 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 Signature, typed or primed reason of regramod regent and still Ellempf cache. (NOTE: Registried Agort cignature required when reinstalling) FILE NOW!!! FEE IS \$150.00 : 1 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition MCDONALD, EASTON MAME NAME STREET ADDRESS 601 W OAKLAND PK BLVD #26 STREET ADDRESS U000000807541 CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY+GT-ZIP /07/08-80011-025 158. TITLE De:ele THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Derete TITLE Change Addition HAMS NAME STREET ACCURESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition THEE De ete STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DIRE ☐ De ete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-212 CITY-ST-ZIP TITLE Change ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP DITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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 attachagent with an address, with all other like empowered.

NATURE: ZO WAY UN MY LIGHTON DE PRINTED NAME OF SIGNING RESIGNED OF RIGHTON

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