


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # J14793  
 1. Entity Name  
 THE DUI CLINIC, INC.



Principal Place of Business      Mailing Address  
 600 SOUTH ANDREWS AVENUE      600 SOUTH ANDREWS AVENUE  
 SUITE 406      SUITE 406  
 FT LAUDERDALE, FL 33301 US      FT LAUDERDALE, FL 33301 US

**DO NOT WRITE IN THIS SPACE**



01042006    No Chg-P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
 59-2232194      Not Applicable  
 5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LIVOTI, LAWRENCE W.  
 600 SOUTH ANDREWS AVE., SUITE 406  
 FORT LAUDERDALE, FL 33301

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000447384  
 03/08/06-80050-009 150.00

10. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
| TITLE          | DP                                |
| NAME           | LIVOTI, LAWRENCE W.               |
| STREET ADDRESS | 600 SOUTH ANDREWS AVE., SUITE 406 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33301         |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          |                                   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

**DO NOT WRITE IN THIS SPACE**

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 reports 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: Lawrence W. Livoti      2/20/06      954-523-0050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #