

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004912

FILED
May 09, 2007
Secretary of State

Entity Name: STRATEGIC TRAFFIC SCHOOL, INC.

Current Principal Place of Business:

5647 NAPLES BLVD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5647 NAPLES BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3656627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BILITZKE, PATRICIA
27264 BUCCANEER DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BILITZKE, PATRICIA
Address: 27264 BUCCANEER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: MUELLER, JAMIE
Address: 2233 45TH ST SW
City-St-Zip: NAPLES, FL 341166327

Title: VPSD () Delete
Name: KNAPP, SHELLY
Address: 236 BENSON STREET
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LERMA, MELISSA
Address: 6118 THRESHER DR
City-St-Zip: NAPLES, FL 34112

Title: VPSD (X) Change () Addition
Name: KNAPP, SHELLY
Address: 4187 32ND AVE SE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BILITZKE

DPT

05/09/2007

Electronic Signature of Signing Officer or Director

Date