2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N03000006922

Entity Name: SAFE TEEN DRIVERS, INC.

Current Principal Place of Business:

6860 GULFPORT BLVD, S #249
ST PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

6860 GULFPORT BLVD, S #249
ST PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 56-2393288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURAKAMI, BRUCE
6860 GULFPORT BLVD, S #249
ST PETERSBURG, FL 33707 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: DP ( ) Delete
Name: MURAKAMI, BRUCE
Address: 6860 GULFPORT BLVD, S #249
City-St-Zip: ST PETERSBURG, FL 33707

Title: DV ( ) Delete
Name: WINTERS, WILLIAM H
Address: 709 W AZEELE ST
City-St-Zip: TAMPA, FL 33606

Title: SD ( ) Delete
Name: NAPIER, RENEE
Address: 6860 GULFPORT BLVD, S #249
City-St-Zip: ST PETERSBURG, FL 33707

Title: DT ( ) Delete
Name: JANSSEN, DUANE H
Address: 1626 38TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MGR (X) Change ( ) Addition
Name: CABEZAS, JUSTIN
Address: 6860 GULFPORT BLVD S 249
City-St-Zip: ST PETERSBURG, FL 33713

Title: SCTY ( ) Change (X) Addition
Name: UCCI, KEN
Address: 6860 GULFPORT BLVD, S #249
City-St-Zip: ST PETERSBURG, FL 33707

Title: DS ( ) Change (X) Addition
Name: ALES, MADALINE
Address: 6860 GULFPORT BLVD S
City-St-Zip: ST PETERSBURG, FL 33707

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: BRUCE MURAKAMI DP 04/30/2008

Electronic Signature of Signing Officer or Director — Date