
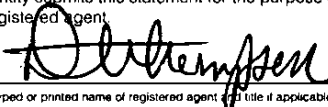
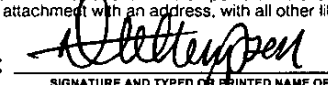


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90003 010 ****70.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # N04000007730 1. Entity Name TEEN DRIVER SAFETY FOUNDATION, INC. | | | |  | |
| Principal Place of Business 23 COVE ROAD MELBOURNE BEACH, FL 32951 | | | Mailing Address 23 COVE ROAD MELBOURNE BEACH, FL 32951 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THOMPSON, JANE S 23 COVE ROAD MELBOURNE BEACH, FL 32951 | | | | 7. Name and Address of New Registered Agent Name DAVID T. THOMPSON Street Address (P.O. Box Number is Not Acceptable) 23 COVE RD City MELBOURNE BEACH FL Zip Code 32951 | |
| 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  DAVID T. THOMPSON <small>Signature, typed or printed name of registered agent (if title is applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | DIR THOMPSON, JANE S <input checked="" type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | 23 COVE ROAD | | | | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | | | | |
| TITLE | Director <input type="checkbox"/> Delete | | | | |
| NAME | DAVID T. THOMPSON | | | | |
| STREET ADDRESS | 23 COVE RD | | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | | | |
| TITLE | Director <input type="checkbox"/> Delete | | | | |
| NAME | THOMAS FLAVIN | | | | |
| STREET ADDRESS | 330 FIFTH AVE | | | | |
| CITY-ST-ZIP | INDIANATLANTIC FL 32903 | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | DAVID T. THOMPSON | | | | |
| STREET ADDRESS | 23 COVE RD | | | | |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 | | | | |
| TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | THOMAS FLAVIN | | | | |
| STREET ADDRESS | 330 FIFTH AVE | | | | |
| CITY-ST-ZIP | INDIANATLANTIC FL 32903 | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| 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 617, 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:  DAVID T. THOMPSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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05242006 Chg-NP CR2E037 (4/06)