2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# N06000011785

Entity Name: DRIVING FOR DONORS INC.

Current Principal Place of Business:

3589 ERMINE PATH
HARBOR, FL 34684

New Principal Place of Business:

3589 ERMINE PATH
PALM HARBOR, FL 34684

Current Mailing Address:

3589 ERMINE PATH
HARBOR, FL 34684

New Mailing Address:

3589 ERMINE PATH
PALM HARBOR, FL 34684

FEI Number: 20-5938456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, CLAUDINE S
3589 ERMINE PATH
HARBOR, FL 34684 US

Name and Address of New Registered Agent:

ANDREWS, CLAUDINE S
3589 ERMINE PATH
PALM HARBOR, FL 34684 US

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: _____ 02/02/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: ANDREWS, CLAUDINE S
Address: 3589 ERMINE PATH
City-St-Zip: HARBOR, FL 34684

Title: P ( ) Delete
Name: PEDRAJA, PATRICK
Address: 3589 ERMINE PATH
City-St-Zip: HARBOR, FL 34684

Title: DS ( ) Delete
Name: CASO, JESSICA
Address: 3589 ERMINE PATH
City-St-Zip: HARBOR, FL 34684

Title: DT ( ) Delete
Name: SMALL, GORDON
Address: 3589 ERMINE PATH
City-St-Zip: HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: ANDREWS, CLAUDINE S
Address: 3589 ERMINE PATH
City-St-Zip: PALM HARBOR, FL 34684

Title: P (X) Change ( ) Addition
Name: PEDRAJA, PATRICK
Address: 3589 ERMINE PATH
City-St-Zip: PALM HARBOR, FL 34684

Title: DS (X) Change ( ) Addition
Name: JOLINE, HEIDI
Address: 3589 ERMINE PATH
City-St-Zip: PALM HARBOR, FL 34684

Title: DT (X) Change ( ) Addition
Name: SMALL, GORDON
Address: 3589 ERMINE PATH
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDINE ANDREWS DV 02/02/2007
Electronic Signature of Signing Officer or Director — Date