2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: IMPAIRED DRIVING EDUCATION AND VICTIM SERVICES, INC

Current Principal Place of Business:

521 SOUTHEAST 26TH COURT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

PO BOX 773743
OCALA, FL 34477 37

New Mailing Address:

FEI Number: 27-0422065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINSLER, ANITA
521 SOUTHEAST 26TH COURT
OCALA, FL 34471 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: T
Name: WIXON, WILLIAM
Address: 7527 SW 78 ST.
City-St-Zip: OCALA, FL 34471

Title: V
Name: CALLOWAY, KAREN
Address: 164 WALNUT RD.
City-St-Zip: OCALA, FL 34480

Title: S
Name: WIXON, JILL
Address: 7527 SW 78TH ST
City-St-Zip: OCALA, FL 34476

Title: C
Name: KINSLER, ANITA
Address: 1701 NE 39 AVE #303
City-St-Zip: OCALA, FL 34470

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J WIXON OFFI 01/05/2011

Electronic Signature of Signing Officer or Director Date