2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003045

FILED May 01, 2006 Secretary of State

Entity Name: INDEPENDENT CONTRACT DRIVERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

540 E. MCNAB RD., STE. C 1500 EAST ATLANTIC BLVD.

POMPANO BEACH, FL 33060

POMPANO BEACH, FL 33060

Current Mailing Address: New Mailing Address:

540 E. MCNAB RD., STE. C PO BOX 2284

POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33061

FEI Number: 65-0928231 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: Name and Address of New Registered Agent:

RUMORE, C. ATNHONY ESQ.
540 E. MCNAB RD., STE. C
POMPANO BEACH, FL 33060 US
OATES, THOMAS D ESQ.
1500 EAST ATLANTIC BLVD.
B

POMPANO BEACH, FL 33060 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: THOMAS D. OATES, ESQ. 05/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition Name: SCHROEDER, GEORGE R
Address: 540 E. MCNAB RD Address: 1500 EAST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

Title: ST (X) Delete Title: () Change () Addition

 Name:
 RUMORE, C. ANTHONY
 Name:

 Address:
 540 E. MCNAB RD
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:

Title: () Delete Title: (X) Change () Addition SCHROEDER, JONATHAN P Name: SCHROEDER, JONATHAN P Name: Address: 540 E. MCNAB RD, SUITE D Address: 1500 EAST ATLANTIC BLVD. City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

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: GEORGE R. SCHROEDER PD 05/01/2006