2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

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Entity Name: HANDICAPPED DRIVER SERVICES-FLORIDA, INC.

Current Principal Place of Business:

5675 UNIVERSITY BLVD WEST
JACKSONVILLLE, FL 32216

New Principal Place of Business:

2727 ST JOHNS BLUFF ROAD
JACKSONVILLLE, FL 32246

Current Mailing Address:

1310 KENNESTONE CIRCLE
SUITE 2
MARIETTA, GA 30066

New Mailing Address:

FEI Number: 58-2555591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD BUILDING 100
JACKSONVILLE, FL 32256 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: DVST
Name: DRESDNER, MICHAEL
Address: 1310 KENNESTONE CIRCLE SUITE #2
City-St-Zip: MARIETTA, GA 30066

Title: DP
Name: COLNAGHI, JOHN J
Address: 4215 RICHMOND PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL DRESDNER P 01/05/2011

Electronic Signature of Signing Officer or Director — Date