

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000082860

1. Entity Name  
A-AARDVARK ONLINE TRAFFIC SCHOOL, INC.



Principal Place of Business  
3092 ALOMA AVENUE  
# 205  
WINTER PARK, FL 32792

Mailing Address  
19703 NORDHOFF ST  
NORTHRIDGE, CA 91324



07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3679858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ELKINS, HARLEAN  
19703 NORDHOFF ST.  
NORTHRIDGE, CA, FL 91324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000769399  
07/18/07-80006-005 558.75

**10. OFFICERS AND DIRECTORS**

TITLE	PVST
NAME	ELKINS, HARLEAN
STREET ADDRESS	19703 NORDHOFF ST
CITY-ST-ZIP	NORTHRIDGE, CA 91324

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: *Harlean Elkins* HARLEAN ELKINS

7/9/07

800.653.9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #