2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 쓰

ATURE AND TYPED OR PRINTED NAME OF

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P01000063205 1. Entity Name 02-27-2006 90108 018 ***150.00 DARLINGS DEFENSIVE DRIVING SCHOOL OF FLORIDA, Principal Place of Business Mailing Address 906 SE LAKEVIEW DR., STE. 110 906 SE LAKEVIEW DR., STE. 110 (00×100) SEBRING, FL 33870 SEBRING, FL 33870 2. Principal Place of Business 3. Mailing Address 1570 dakeview Drive 1570 Lakeview Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL Sebrina Sebring 03-0392229 Not Applicable Countr Country Hards o*r8&*& Zip \$8.75 Additional 5. Certificate of Status Desired Highlands 33870 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGREW, JANE A 1570 LAKEVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) SEBRING, FL 33870 City Zip Code FL 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 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change | ☐ Delete TITLE ☐ Addition Darling Mark To Drive NAME DARLING, MARK B NAME STREET ADDRESS 906 SE LAKEVIEW DR., STÉ. 110 STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIF Sebrina TITLE PO ☐ Delete Change ☐ Addition TITLE Jane A Mc Grew, MCGREW, JANE A NAME NAME Lakeviero Drive 1570 STREET ADDRESS 906 S.E. LAKEVIEW DR STREET ADDRESS FL 33870 Sebrina CITY-ST-7/P SEBRING, FL 33870 CITY-ST-ZIP TITLE Change Delete TITLE ☐ Addition Jean M FOSTER, JEAN M NAME NAME Lakeview Drive 906 SE LAKEVIEW DR STE 110 STREET ADORESS STREET ADDRESS 1570 FL 33870 SEBRING, FL 33870 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition auphence ` RAY, LAWRENCE D NAME NAME dakeview 1576 Druce STREET ADDRESS 906 S.E. LAKEVIEW DR STREET ADDRESS 33870 CITY-ST-7IP SEBRING, FL 33870 CITY-ST-7P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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