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Mar 30, 2005 8:00 am
Secretary of State
02-24-2005 90045 004 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000054379

1. Entity Name
A + COMEDY TRAFFIC SCHOOL, INC.

Principal Place of Business	Mailing Address
7040 OAKSHIRE CT. LAKE WORTH, FL 33467	7040 OAKSHIRE CT. LAKE WORTH, FL 33467

01172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0697578 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MISCIAGNO, STEVE~~
~~7040 OAKSHIRE CT.~~
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name: Moores, ANA
Street Address (P.O. Box Number is Not Acceptable): 9300 S.W. [redacted] 8 St. #107
City: BOCA RATON, FL FL Zip Code: 33433

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: Anna Moores — 2.21.05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISCIAGNO, STEVE 7040 OAKSHIRE CT. LAKE WORTH, FL 33467	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD moores, ANA 9300 S.W. 8 rd. St APT#107 BOCA RATON, FL 33433	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MISCIAGNO, DARLENE M 7040 OAKSHIRE CT. LAKE WORTH, FL 33467	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P.D. moores, JON 9300 S.W. 8rd St. # 107 BOCA RATON, FL 33433	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Jon M V.P. — 2.21.05 — (561) 649-5365
Date / Daytime Phone #