2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068970

Entity Name: FLEET RISK AND SAFETY CONSULTING, INC.

FILED Aug 30, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1372 HARVARD CIRCLE #7 PALM BAY, FL 32905					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 60657 PALM BAY, FL 32906					
FEI Number: 5	57-1175971	FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KIESTER, CATHERINE S 1372 HARVARD CIRCLE #7 PALM BAY, FL 32905 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:					
Electronic Signature of Registered Agent Date					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () I KIESTER, CATHI 1372 HARVARD PALM BAY, FL 3	CIRCLE #7	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PT () I KIESTER, CATHI 1372 HARVARD PALM BAY, FL 3	CIRCLE #7	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [KIESTER, KRIST 1111 BUCKINGH WYOMING, MI 4	AM	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I KIESTER, MICHE 45935 SPRING L UTICA, MI 4831	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I POULIOT, PETEI 1372 HARVARD PALM BAY, FL	CIRCLE #7	Title: Name: Address: City-St-Zip:	() Change () Addition	

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

SIGNATURE: CATHERINE KIESTER CEO 08/30/2006