

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000050558

1. Entity Name

PRECISION DRIVING INSTITUTE INC.



Principal Place of Business

19016 FERN MEADOW LOOP
LUTZ, FL 33558

Mailing Address

19016 FERN MEADOW LOOP
LUTZ, FL 33558



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number

77-0647450

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REDER, ROD
19016 FERN MEADOW LOOP
LUTZ, FL 33558

**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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	REDER, ROD
STREET ADDRESS	19016 FERN MEADOW LOOP
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	VD
NAME	ROBERTS, CHERYL
STREET ADDRESS	2001 BRINSON RD. #401
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	SD
NAME	ROUSSEAU, WILLIAM
STREET ADDRESS	9234 KINGSRIDGE DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000468669
03/24/06-80040-010 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

Date

813-274-9257

Daytime Phone