2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015097

Entity Name: SOBER ESCORTS, INC.

FILED Jul 06, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
728 NW 39 OCALA, FL	TH COURT		new i mio	par riado de La dinicado	
Current Mailing Address:			New Mailir	New Mailing Address:	
728 NW 39 OCALA, FL					
FEI Number:	54-2166268	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PARRISH, DONALD R JR 728 NE 39TH CT OCALA, FL 34470 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.					
SIGNATUR		Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E PARRISH, DONA 728 NW 39TH CC OCALA, FL 3447	DURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () D PARRISH, DONA 728 NE 39TH CT OCALA, FL 3447		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () D PARRISH, AMYAI 3804 PIONEER T NEW SMYRNA B	RAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D PARRISH, T.J. 2800 APPLE AVE MT. VERNON, IL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () C WHEELER, RICH 3804 PIONEER T NEW SMYRNA B	RAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E IACOBUCCI, NAN 1801 S FEDERAL DELRAY BEACH,	HWY STE 100	Title: Name: Address: City-St-Zip:	D (X) Change () Addition EATER, JAMIE A 728 NE 39TH CT OCALA, FL 34470	

I hereby certify that the information supplied with this filing does not qualify 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: DONALD R PARRISH JR PD 07/06/2008