
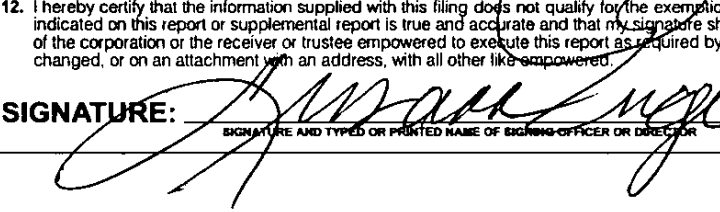


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90199 016 ***150.00

DOCUMENT # P06000020311					
1. Entity Name FLORIDA HIGHWAYS SAFETY PROGRAMS, INC.					
Principal Place of Business 138 TOLLGATE TRAIL LONGWOOD, FL 32750			Mailing Address 138 TOLLGATE TRAIL LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # 885 N Hwy 17-92		3. Mailing Address 885 N Hwy 17-92			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172007 Chg-P CR2E034 (12/06)	
City & State LONGWOOD FL		City & State LONGWOOD FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 32750		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGEL, SUSANN 138 TOLLGATE TRAIL LONGWOOD, FL 32750				7. Name and Address of New Registered Agent	
				Name SUSANN ENGEL	
				Street Address (P.O. Box Number is Not Acceptable)	
				885 N Hwy 17-92	
				City LONGWOOD FL Zip Code 32750	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature (typed or printed name of registered agent and title if applicable)</small> </div> <div style="width: 40%; text-align: right;"> April 17 02 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE P	NAME ENGEL, SUSANN L		<input type="checkbox"/> Delete		
STREET ADDRESS 138 TOLLGATE TRAIL					
CITY - ST - ZIP LONGWOOD, FL 32750					
TITLE VP	NAME ENGEL, DAVID B		<input type="checkbox"/> Delete		
STREET ADDRESS 138 TOLLGATE TRAIL					
CITY - ST - ZIP LONGWOOD, FL 32750					
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P	NAME SUSANN ENGEL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 885 N HWY 17-92					
CITY - ST - ZIP LONGWOOD FL 32750					
TITLE V	NAME DAVID ENGEL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 885 N HWY 17-92					
CITY - ST - ZIP LONGWOOD FL 32750					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
April 17 07 702 7003 <small>Date Daytime Phone #</small>					