


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000121392		
1. Entity Name DRIVING IMPRESSIONS INC.		
Principal Place of Business 23058 HARBORVIEW ROAD STE C CHARLOTTE HARBOR, FL 33980	Mailing Address 23058 HARBORVIEW ROAD STE C CHARLOTTE HARBOR, FL 33980	



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5630816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLUPPI, CHRIS 23058 HARBORVIEW ROAD STE C CHARLOTTE HARBOR, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COTE, PAT 23058 HARBORVIEW ROAD STE C CHARLOTTE HARBOR, FL 33980
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01/23/08-80096-019 150.00

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:

Christopher DelChio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08

Date

Daytime Phone #

941-743-5557