2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061067

Title:

Name:

Address:

City-St-Zip:

COO

(X) Delete

6860 GULFPORT BLVD. #249

ST PETERSBURG, FL 33707

MURAKAMI, BRUCE

Entity Name: TEEN SCENE DRIVING ACADEMY INC.

FILED May 04, 2008 Secretary of State

		ENE BRIVING ACABEMI, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	BLOOMINGDA	LE AVE				
312 BRANDON	I, FL 33511					
Current Mailing Address:			New Maili	New Mailing Address:		
809 EAST	BLOOMINGDA	LE AVE				
312 BRANDON	I, FL 33511					
FEI Number:	•	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LAY, FRED 2818 BRYA BRANDON	AN ROAD	us				
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			t	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CFO () I LAY, FRED 2818 BRYAN RO BRANDON, FL 3		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CIO () DAVIS, RANDY 8147 HATTERAS WEBSTER, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () I DAVIS, HEATHE 8147 HATTERAS WEBSTER, FL	DRIVE	Title: Name: Address: City-St-Zip:	CEO (X) DAVIS, HEATHI 8147 HATTERA WEBSTER, FL	S DRIVE	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRED LAY CFO 05/04/2008

() Change () Addition