


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000023189</b>	
1. Entity Name ROADMASTER DRIVERS SCHOOL OF OHIO, INC.	

Principal Place of Business 5411 WEST TYSON AVE. TAMPA, FL 33611	Mailing Address 5411 WEST TYSON AVE. TAMPA, FL 33611
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02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3345545	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KEARNEY, JOHN E 5411 WEST TYSON AVE. TAMPA, FL 33611	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000677130 03/30/07-80092-023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMION, JON C 8310 W GULF BLVD TREASURE ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT KEARNEY, JOHN E SR 5411 W TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOY, ALFRED A 5411 W TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KEARNEY, JOHN E JR 5411 W TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b> 	<b>John E Kearney Jr</b>	<b>2/19/2007</b>	<b>(813) 831-4490 x 231</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>