## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

indicated on this report or supplemental report is true of the corporation or the receiver of this steel empowers changed, or on an attachment with an additional with a supplemental true.

SIGNATURE AND TYPED

SIGNATURE:

## Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P96000021350 DRIVER SAFETY PROGRAMS, INC. Principal Place of Business Mailing Address 8717-2 LITTLE RD **8717-2 LITTLE RD** NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654 CR2E034 (11/05) 04072006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3364634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALLO, WAYNE DO NOT WRITE 8717-2 LITTLE RD NEW PORT RICHEY, FL 34654 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MALLO, WAYNE MAME 802 PENINSULAR ST STREET ADDRESS U00000545868 05/11/06-80094-017 150.00 CITY-ST-ZIP **TAMPA, FL 33603** BILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 resolver or this specified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

GNING DEFICER OR DIRECTOR

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