

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034332

FILED
Apr 25, 2006
Secretary of State

Entity Name: NATIONAL SAFE DRIVERS ASSOCIATION, INC.

Current Principal Place of Business:

830 N.W. 13TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

995 N ST RD 434
SUITE 503
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

830 N.W. 13TH STREET
GAINESVILLE, FL 32601

New Mailing Address:

214 TIMBERCOVE CIRCLE
LONGWOOD, FL 32779

FEI Number: 59-3438535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZY, VICTOR JR.
830 N.W. 13TH STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

LUCAS, DAWN
214 TIMBERCOVE CIRCLE
LONGWOOD, FL 32779 US

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.

SIGNATURE: DAWN LUCAS

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAZY, VICTOR JR.
Address: 830 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: VP (X) Delete
Name: LUCAS, DAWN
Address: 214 TIMBERCOVE CR
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Delete
Name: HAZY, VICTOR JR
Address: 830 NW 13 STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: T (X) Delete
Name: LUCAS, DAWN
Address: 214 TIMBERCOVE CR
City-St-Zip: LONGWOOD, FL 32799

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: LUCAS, DAWN
Address: 214 TIMBERCOVE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DAWN LUCAS

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date