


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000053315 1. Entity Name A-CLASS DRIVING SCHOOL INC.	
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Principal Place of Business 826 NORTH JOHN STREET SUITE 205 ORLANDO, FL 32808	Mailing Address 826 NORTH JOHN STREET SUITE 205 ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE

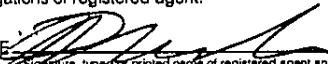


03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3453459	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 MAHABIR, NESHAN D 826 NORTH JOHN STREET SUITE 205 ORLANDO, FL 32808	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  (NOTE: Registered Agent signature required when reinstating) DATE

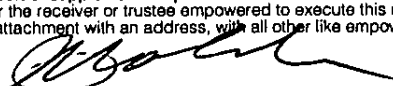
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHABIR, NESHAN D 1431 SACKETT CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAHABIR, ANAWATTIE 1431 SACKETT CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000878720
04/14/08-80066-010 150.00

**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:  **4/1/08** **4072971489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #