2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020552

Entity Name: A TREASURE COAST DRIVING SCHOOL, INC.

FILED Jan 11, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|---------------------------------|------------------------------------|---|--|
| 5567 SE FED HWY | | | | |
| US #1 STUART, FL 34997 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 5567 SE FED HWY | | | | |
| US #1 STUART, FL 34997 | | | | |
| FEI Number: 65-0825827 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| BOLEN, JOHN 8304 SE KETCH CT HOBE SOUND, FL 33453 | S US | | | |
| The above named entity si in the State of Florida. | ubmits this statement for the բ | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| | | | | |

OFFICERS AND DIRECTORS:

Title:

Name: BOLEN, JOHN
Address: 8304 SE KETCH CT
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

SIGNATURE: JOHN BOLEN P 01/11/2011