

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004433

Entity Name: DRIVESOL WORLDWIDE, INC.

FILED  
May 03, 2007  
Secretary of State

## Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486

## New Principal Place of Business:

## Current Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486

## New Mailing Address:

FEI Number: 20-3087848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GILLEN, MICHAEL  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Delete  
Name: WERKING, DOUG  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: DCST ( ) Delete  
Name: SIMON, MARK  
Address: 650 STEPHENSON HIGHWAY  
City-St-Zip: TROY, MI 48083

Title: P ( ) Delete  
Name: WILLSON, GLEN  
Address: 650 STEPHENSON HIGHWAY  
City-St-Zip: TROY, MI 48083

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MICHAEL GILLEN

D

05/03/2007

Electronic Signature of Signing Officer or Director

Date