

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006268

FILED
Apr 24, 2006
Secretary of State

Entity Name: DESIGN DRIVE, INC.

Current Principal Place of Business:

2044 AUSTIN
ROCHESTER HILLS, MI 48309

New Principal Place of Business:

Current Mailing Address:

2044 AUSTIN
ROCHESTER HILLS, MI 48309

New Mailing Address:

FEI Number: 04-3590294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIOVANELLI, BEN CPA
4508 PLYMOUTH SORREUTO RD
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: BROIDY, ELLIOTT
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

Title: VC () Delete
Name: MCALEAR, THOMAS
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

Title: DP () Delete
Name: OTIS, KEVIN
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

Title: VP () Delete
Name: WOXCIC, GERALD
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

Title: S (X) Delete
Name: GIOVANELLI, BEN
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: BROIDY, ELLIOTT
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

Title: CHR (X) Change () Addition
Name: MCALEAR, THOMAS
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

Title: PRES (X) Change () Addition
Name: OTIS, KEVIN
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

Title: TRES (X) Change () Addition
Name: LEE, PING
Address: 2044 AUSTIN
City-St-Zip: ROCHESTER HILLS, MI 48309

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: APRIL HEALY

Electronic Signature of Signing Officer or Director

ACTG

04/24/2006

_____ Date