2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059747

Entity Name: DRIVE CONSULTING LLC

Current Principal Place of Business:	**New Principal Place of Business:**
10796 PINES BLVD SUITE 204 PEMBROKE PINES, FL 33026 US	

Current Mailing Address:	**New Mailing Address:**
10796 PINES BLVD SUITE 204 PEMBROKE PINES, FL 33026 US	

FEI Number: 11-3731649   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MOYAL, PATRICK 10796 PINES BLVD SUITE 204 PEMBROKE PINES, FL 33026 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: _____

           Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	COFFINET, CHRISTIAN [	Name:	COFFINET, CHRISTIAN
Address:	6 RUE DES COLONNES	Address:	6 RUE DES COLONNES
City-St-Zip:	PARIS, FR 75002 US	City-St-Zip:	PARIS, FR 75002 US
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	COFFINET, GALINA N	Name:	COFFINET, GALINA N
Address:	6 RUE DES COLONNES	Address:	6 RUE DES COLONNES
City-St-Zip:	PARIS, FR 75002	City-St-Zip:	PARIS, FR 75002 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTIAN COFFINET   MGRM   07/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date