


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90037 025 ***150.00

DOCUMENT # P02000052816	
1. Entity Name DRIVE SOLUTIONS, INC.	

Principal Place of Business 1892 CRESTRIDGE DRIVE CLERMONT FL 34711	Mailing Address 1892 CRESTRIDGE DRIVE CLERMONT FL 34711
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2. Principal Place of Business 3858 FALLSCREST CIRCLE	3. Mailing Address 4327 S. HIGHWAY 27 #327
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State CLERMONT, FL.	City & State CLERMONT, FL.
Zip 34711-5118	Zip 34711-5118
Country U.S.A.	Country U.S.A.

4. FEI Number 03-0450331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOUWERSHEIMER, FRED 1892 CRESTRIDGE DRIVE CLERMONT FL 34711	
7. Name and Address of New Registered Agent Name FRED LOUWERSHEIMER Street Address (P.O. Box Number is Not Acceptable) 3858 FALLSCREST CIRCLE City CLERMONT FL Zip Code 34711-5118	

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOUWERSHEIMER, FRED		NAME LOUWERSHEIMER, FRED	
STREET ADDRESS 1892 CRESTRIDGE DRIVE		STREET ADDRESS 3858 FALLSCREST CIRCLE	
CITY-ST-ZIP CLERMONT FL 34711		CITY-ST-ZIP CLERMONT, FL. 34711-5118	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS 1892 CRESTRIDGE DRIVE		STREET ADDRESS 3858 FALLSCREST CIRCLE	
CITY-ST-ZIP CLERMONT FL 34711		CITY-ST-ZIP CLERMONT, FL. 34711-5118	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date 3/24/05	Daytime Phone # 352-243-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		