
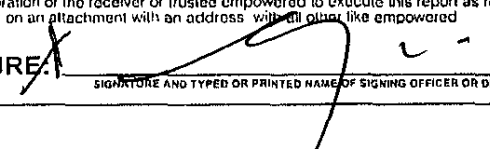


**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P02000096009			
1. Entity Name DYNAMIC DRIVE (USA), INC.			
Principal Place of Business 20 N. ORANGE AVE SUITE 600 ORLANDO, FL 32801		Mailing Address 20 N. ORANGE AVE SUITE 600 ORLANDO, FL 32801	
2 Principal Place of Business - No P O Box #		3 Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent  HENDRY, STONER, CALANDRINO & BROWN, P A 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801		7. Name and Address of Now Registered Agent  Name Street Address (P O Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
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 _____ <small>Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GEORGE C K M ARGYLE HOUSE/COLLINGWOOD RD WEST MIDLANDS, ENGLAND, CV5 6HW <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <b>27/2/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40041127



01082007 Chg-P CR2E034 (12/06)

4. FEI Number **51-0425757** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required