2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071442

Entity Name: DRUV. INC.

FILED Apr 10, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
711 ASHFORD OAKS DRIVE, APT. 103 ALTAMONTE SPRINGS, FL 32714				2377 ALOMA AVE WINTER PARK, FL 32792		
Current Mailing Address:				New Mailing Address:		
711 ASHFORD OAKS DRIVE, APT. 103 ALTAMONTE SPRINGS, FL 32714				2025 CROSSVINE LANE CASSELBERRY, FL 32707		
FEI Number:	20-0590925	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SHAH, AMIT 711 ASHFORD OAKS DRIVE, APT. 103 ALTAMONTE SPRINGS, FL 32714 US				SHAH, AMIT 2025 CROSSVINE LANE CASSELBERRY, FL 32707 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:				04/10/2005		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SHAH, AMIT 711 ASHFORD (Delete DAKS DRIVE, APT. 103 PRINGS, FL 32714		Title: Name: Address: City-St-Zip:		(X) Change () Addition SVINE LANE RRY, FL 32707
Title: Name: Address: City-St-Zip:	VD () NAIK, DIPAK 610 LEE RD. ORLANDO, FL	Delete 32810		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	STD () AMIN, HETAL 407 SANDRINGI WINTER SPRIN			Title: Name: Address: City-St-Zip:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMIT SHAH PD 04/10/2005