

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116242

Entity Name: IDRIVES, INC.

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

4036 LEESWAY CIRCLE
PENSACOLA, FL 32504 US

New Principal Place of Business:

2123 MASON DRIVE
SAVANNAH, GA 31404 US

Current Mailing Address:

4036 LEESWAY CIRCLE
PENSACOLA, FL 32504 US

New Mailing Address:

2123 MASON DRIVE
SAVANNAH, GA 31404 US

FEI Number: 20-0311897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONN, WILLIAM P
4036 LEESWAY CIRCLE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

CONN, WILLIAM P
2123 MASON DRIVE
SAVANNAH, FL 31404 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: WILLIAM P. CONN

02/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONN, WILLIAM P
Address: 4036 LEESWAY CIRCLE
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONN, WILLIAM P
Address: 2123 MASON DRIVE
City-St-Zip: SAVANNAH, GA 31404 US

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: WILLIAM P. CONN

PRES

02/21/2007

Electronic Signature of Signing Officer or Director

Date