

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000090068

Entity Name: OVERDRIVE SYSTEMS, INC.

FILED  
May 26, 2006  
Secretary of State

## Current Principal Place of Business:

5022 GATE PARKWAY, SUITE 208  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

5022 GATE PARKWAY, SUITE 208  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 20-1252731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CYRUS, ROBERT R  
214-A NORTH THIRD STREET  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

KAGILIERY, JAMES Z  
5022 GATE PARKWAY  
SUITE 208  
JACKSONVILLE, FL 32256 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: JAMES Z. KAGILIERY

05/26/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: GUDAL, W. STEELE  
Address: 3907 PONTE VEDRA BLVD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete  
Name: KAGILIERY, JAMES Z VP  
Address: 5022 GATE PARKWAY STE 208  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP ( ) Delete  
Name: THOMPSON, JR., JAMES E VP  
Address: 5022 GATE PARKWAY STE 208  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Delete  
Name: ROLFSEN, JEFF J VP  
Address: 5022 GATE PARKWAY STE 208  
City-St-Zip: JACKSONVILLE, FL 32256 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, JAMES E JR.  
Address: 5022 GATE PARKWAY, SUITE 208  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Change ( ) Addition  
Name: KAGILIERY, JAMES Z  
Address: 5022 GATE PARKWAY STE 208  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP (X) Change ( ) Addition  
Name: ROLFSEN, JEFF J  
Address: 5022 GATE PARKWAY STE 208  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES E. THOMPSON, JR.

P

05/26/2006

Electronic Signature of Signing Officer or Director

Date