

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000129988

FILED
May 26, 2006
Secretary of State

Entity Name: OVERDRIVE SYSTEMS II, INC.

Current Principal Place of Business:

5022 GATE PARKWAY
208
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

5022 GATE PARKWAY
208
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-3507268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYRUS, ROBERT R
214 NORTH THIRD STREET
A
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: D () Delete
Name: GUDAL, W. STEELE
Address: 5022 GATE PARKWAY, SUITE 208
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: P.S () Delete
Name: GUDAL, W. STEELE
Address: 5022 GATE PARKWAY, SUITE 208
City-St-Zip: JACKSONVILLE, FL 32256 US

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

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

Title: VP (X) Delete
Name: FRENCH, KENNETH S
Address: 5022 GATE PARKWAY, SUITE 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 US

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

Title: VP (X) Change () Addition
Name: FRENCH, KENNETH S
Address: 5022 GATE PARKWAY, SUITE 208
City-St-Zip: JACKSONVILLE, FL 32256 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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