


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 025 ***158.75

DOCUMENT # P06000079204	
1. Entity Name DRIVEN TALENT INC.	

Principal Place of Business BOX 1622 HAWTHORNE FL 32640 US	Mailing Address BOX 1622 HAWTHORNE FL 32640 US
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2. Principal Place of Business - No P.O. Box # 9310 HOLDEN PARK RD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HAWTHORNE, FL	City & State
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Zip 32640	Country USA	Zip	Country
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1st MOORE CR2E034 (10/06)

4. FEI Number 90-0283331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WENTZELL, WILLIAM P 9310 HOLDEN PARK ROAD HAWTHORNE FL 32640	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 WILLIAM WENTZELL 3-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D WENTZELL, JESSICA M 9310 HOLDEN PARK ROAD HAWTHORNE FL 32640 <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 Section 19, 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: [Signature] 3-31-07 773-350-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #