

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056773

FILED  
May 04, 2009  
Secretary of State

Entity Name: NEXGEN MAKING THE DRIVER, INC.

**Current Principal Place of Business:**

4023 VICTORIA LANE  
AVON, IN 46123

**New Principal Place of Business:**

**Current Mailing Address:**

4023 VICTORIA LANE  
AVON, IN 46123

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STENZEL, SCOTT  
7947 WINTER SONG DR  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PATTERSON, CHARLIE  
Address: 4023 VICTORIA LANE  
City-St-Zip: AVON, IN 46123

Title: VP ( ) Delete  
Name: OLACH, PETER  
Address: PO BOX 1889  
City-St-Zip: HICKORY, NC 28603

Title: VP ( ) Delete  
Name: STENZEL, SCOTT  
Address: 7947 WINTER SONG DR  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: /SAS/

DIR

05/04/2009

Electronic Signature of Signing Officer or Director

Date