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Mar 23, 2005 8:00 am
Secretary of State
02-24-2005 90027 002 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000002097

1. Entity Name
DRAC SYSTEMS (USA) CORP.

66007086

Principal Place of Business
2542 MCTAVISH STREET
REGINA,SK
S4S OKS, CANADA,

Mailing Address
2542 MCTAVISH STREET
REGINA,SK
S4S OKS, CANADA,

02102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 3425 Amaca Circle
Suite, Apt. #, etc.
City & State: Orlando FL
Zip: 32837 Country: U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 53-1088339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221 E.
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ____________________
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	BEAUDRY, DUANE RICHARD	
STREET ADDRESS	2542 MCTAVISH STREET	
CITY-ST-ZIP	S4S OKS, CANADA,	
TITLE	DST	☐ Delete
NAME	BEAUDRY, KIMBERLEY D	
STREET ADDRESS	2542 MCTAVISH STREET	
CITY-ST-ZIP	S4S OKS, CANADA,	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] KIMBERLEY D. BEAUDRY Feb 16, 05 306-525-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #