

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90045 030 ***150.00

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DOCUMENT # F04000006096					
1. Entity Name DRAGON'S WALK, INC.					
Principal Place of Business 93093 FIFTH STREET PINELLAS PARK, FL 33782			Mailing Address 93093 FIFTH STREET PINELLAS PARK, FL 33782		
2. Principal Place of Business 3600 17th Ave N Suite, Apt. #, etc.		3. Mailing Address 3600 17th Ave N Suite, Apt. #, etc.			
City & State St. Petersburg Zip: 33713 Country: US		City & State St. Petersburg Zip: 33713 Country: US		4. FEI Number 88-0360527	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DREWS, LAURENCE A 93093 FIFTH STREET PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name: DREWS, LAURENCE A Street Address (P.O. Box Number is Not Acceptable): 3600 17th Ave N City: ST. PETERSBURG FL Zip Code: 33713		
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: <i>Laurence A. Drews</i> DATE: 3/13/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DREWS, LAURENCE A 93093 FIFTH STREET PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DREWS, LAURENCE A 3600 17th Ave N St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREWS, SHARON 93093 FIFTH STREET PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREWS, SHARON 3600 17th Ave N St. Petersburg, FL 33713	<input checked="" 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 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: <i>Laurence A. Drews</i>			Laurence A. Drews 3/13/05 727-215-0788		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		