


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000004370</b>	
1. Entity Name <b>ACCUDRAFT.COM INC.</b>	

Principal Place of Business <b>940 CENTRE CIR., SUITE 2020 ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>940 CENTRE CIR., SUITE 2020 ALTAMONTE SPRINGS, FL 32714</b>
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03022008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3972628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WHITMIRE, DONALD 940 CENTRE CIR., STE. 2020 ALTAMONTE SPRINGS, FL 32714</b>
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**DO NOT WRITE  
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

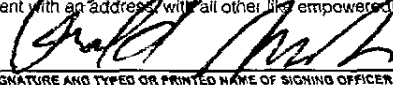
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITMIRE, DONALD C 940 CENTRE CIR., SUITE 2020 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACINNIS, RONALD C 940 CENTRE CIR., SUITE 2020 ALTAMONTE SPRINGS, FL 32714
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03/31/06-80003-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: <b>3/14/06</b>	Daytime Phone #: <b>407-774-8321 x145</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		