


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90031 002 \*\*\*150.00

**DOCUMENT # H42413**

1. Entity Name  
**BURKHARDT DRAFTING CORPORATION**



Principal Place of Business <b>12765 FOREST HILL BLVD.          SUITE 1302          WELLINGTON, FL 33414</b>	Mailing Address <b>12765 FOREST HILL BLVD.          SUITE 1302          WELLINGTON, FL 33414</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

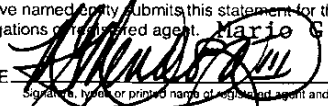


01242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2494516</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DE MENDOZA, MARIO G III          12765 FOREST HILL BLVD., SUITE 1302          WELLINGTON, FL 33414</b>	7. Name and Address of New Registered Agent Name <b>Mario G. de Mendoza, III, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12765 Forest Hill Blvd., Suite 1302</b> City <b>Wellington</b> FL Zip Code <b>33414</b>
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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, the registered agent, **Mario G. de Mendoza, III, P.A.**


SIGNATURE:  **Mario G. de Mendoza, III, President** 3/7/05

Signature, typed or printed name of signatory and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PTD BURKHARDT, CRAIG A. <input type="checkbox"/> Delete 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKHARDT, CRAIG A <input type="checkbox"/> Delete 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MENDOZA, MARIO G III <input type="checkbox"/> Delete 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURKHARDT, DENISE <input type="checkbox"/> Delete 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414	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
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:  **Craig A. Burkhardt, Pres.** 3/9/05 561-798-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #