2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

DOCUMENT# J38840

Entity Name: ILISA DREW CORP.

Current Principal Place of Business:

% GARY P. COHEN
46 S.W. 1ST STREET, SUITE #400
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

% GARY P. COHEN
46 S.W. 1ST STREET, SUITE #400
MIAMI, FL 33130

New Mailing Address:

FEI Number: 06-5385926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, GARY P.
46 S.W. 1ST STREET
SUITE #400
MIAMI, FL 33130 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ELSON, NORMAN,
Address: 701 S. ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete
Name: GOLUB, ILISA,
Address: 701 S. ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: ELSON, ANDREW,
Address: 701 S. ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ELSON, NORMAN,
Address: 6766 S.W. 89 TERR.
City-St-Zip: PINECREST,, FL 33156

Title: D (X) Change ( ) Addition
Name: TEAGUE, ILISA,
Address: 6766 S.W. 89 TERR.
City-St-Zip: PINECREST, FL 33156

Title: D (X) Change ( ) Addition
Name: ELSON, ANDREW,
Address: 6766 S.W. 89 TERR
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN ELSON PRES 03/10/2006

Electronic Signature of Signing Officer or Director — Date