

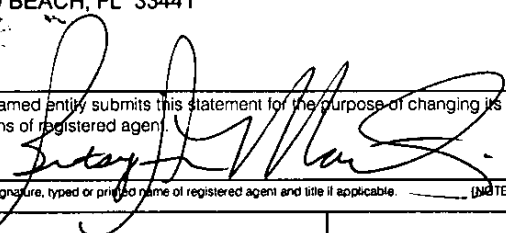
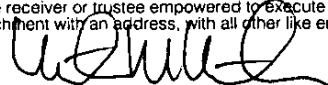


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90012 048 \*\*\*150.00

<b>DOCUMENT # P01000046275</b> 1. Entity Name <b>TRIPLE M DRAFTING CONSULTANTS, INC.</b>					
Principal Place of Business <b>3848 NW 42 WAY COCONUT CREEK, FL 33073</b>			Mailing Address <b>3848 NW 42 WAY COCONUT CREEK, FL 33073</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01162006    Chg-P    CR2E034 (11/05)	
Zip    Country		Zip    Country		4. FEI Number <b>65-1090851</b>	
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  <b>MARTINEZ, BETSY ANN 600 WEST HILLSBORO BLVD STE 510 DEERFIELD BEACH, FL 33441</b>			7. Name and Address of New Registered Agent  Name <b>Betsy Ann Martinez</b> Street Address (P.O. Box Number is Not Acceptable)  <b>3848 NW 42nd Way</b> City <b>Coconut Creek</b> <b>FL</b> Zip Code <b>33073</b>		
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 			DATE <b>1/16/06</b>		
<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"/> \$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	D <b>MARTINEZ, MARTIN M</b> <b>3848 NW 42 WAY</b> <b>COCONUT CREEK, FL 33073</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>2/7/06</b> Daytime Phone # <b>(954) 917-9444</b>		