


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90061 018 \*\*\*158.75

<b>DOCUMENT # P01000073905</b> 1. Entity Name <b>TREASURE COAST DRAFTING, INC.</b>					
Principal Place of Business <b>1918 SW BILTMORE ST PORT SAINT LUCIE, FL 34984</b>			Mailing Address <b>1918 SW BILTMORE ST SUITE 202 PORT SAINT LUCIE, FL 34984</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1918 SW BILTMORE ST</b> Suite, Apt. #, etc.			
City & State		City & State <b>PORT ST LUCIE, FL</b>		4. FEI Number <b>65-1130946</b>	
Zip <b>34984</b>		Country <b>ST LUCIE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCCARTHY, TERENCE P 2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name <b>DEAN MEAD SERVICES, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 N. MAGNOLIA AVE, SUITE 1500</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32803</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. <b>DEAN MEAD SERVICES, LLC</b> SIGNATURE By: <u>Steven C. Lee</u> <b>Steven C. Lee, VP</b> <b>2/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCQUILLAN, WILLIAM H JR 3322 SE RIVER VISTA DR PORT SAINT LUCIE, FL 34952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRIANS, LARRY 1995 SE GIFFIN ROAD PORT SAINT LUCIE, FL 34952</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			
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/31/06</b> <small>Date</small>		
<b>777 3442161</b> <small>Daytime Phone #</small>					



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