

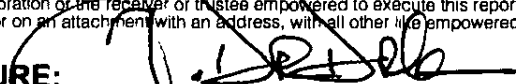


FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000028854 1. Entity Name DREW DRAKE & COMPANY, INC.			
Principal Place of Business 7370 COLLEGE PARKWAY SUITE 306 FORT MYERS, FL 33907		Mailing Address 7370 COLLEGE PARKWAY SUITE 306 FORT MYERS, FL 33907	
DO NOT WRITE IN THIS SPACE			
		04082008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 02-0573441	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTA, STEVEN 1619 JACKSON STREET FORT MYERS, FL 33901		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		04/21/08-80029-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP DRAKE, T. DREW 7370 COLLEGE PARKWAY, STE 306 FORT MYERS, FL 33907	
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DO NOT WRITE IN THIS SPACE			
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 life empowered.			
SIGNATURE: 		4/9/08 239.433.0433	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	