2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# P02000048530

Entity Name: DRAFTING TEAM, INC.

Current Principal Place of Business:

904 LEE BOULEVARD
STE. 102
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

904 LEE BOULEVARD
STE. 102
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 27-0010009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIRRMACHER, INKE
904 LEE BLVD #102
LEHIGH ACRES, FL 33936 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: PD ( ) Delete
Name: SCHIRRMACHER, INKE
Address: 904 LEE BLVD #102
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Delete
Name: GLATSCHKE, INGE
Address: 3922 SW 1ST PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: OPP, JAMES R
Address: 1406 GRAHAM CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: INKE SCHIRRMACHER PD 03/24/2005

Electronic Signature of Signing Officer or Director — Date