## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000048530

Entity Name: DRAFTING TEAM, INC.

1406 GRAHAM CIRCLE

LEHIGH ACRES, FL 33936

Address:

City-St-Zip:

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 904 LEE BOULEVARD STE. 102 LEHIGH ACRES, FL 33936 **New Mailing Address: Current Mailing Address:** 904 LEE BOULEVARD STE. 102 LEHIGH ACRES, FL 33936 FEI Number: 27-0010009 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHIRRMACHER, INKE 904 LEE BLVD #102 LEHIGH ACRES, FL 33936 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHIRRMACHER, INKE Name: Name: 904 LEE BLVD #102 Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition GLATSCHKE, INGE Name: Name: 3922 SW 1ST PLACE Address: Address: CAPE CORAL, FL 33914 City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition OPP, JAMES R Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: INKE SCHIRRMACHER PD 04/28/2006