

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048530

Entity Name: DRAFTING TEAM, INC.

FILED  
Aug 27, 2007  
Secretary of State

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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.

SIGNATURE: INKE SCHIRRMACHER

PD

08/27/2007

Electronic Signature of Signing Officer or Director

Date