


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90180 041 ***150.00

DOCUMENT # P03000017066 1. Entity Name DRUMS2GO, INC.	
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Principal Place of Business 204 S. SEMORAN BLVD. ORLANDO, FL 32807 US	Mailing Address 204 S. SEMORAN BLVD. ORLANDO, FL 32807 US
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3677190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'CONNELL, MICHELLE P 4402 CALM WATER CT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'CONNELL, SHANE T 4402 CALM WATER CT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:  Shane O'Connell 4/19/05 407-306-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #