2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031861

Entity Name: LUK-DRAPER, INC.

FILED Feb 13, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SOUTH TEM ECITY, UT 8				
Current Mailing Address:			New Mailing Address:		
	SOUTH TEM ECITY, UT 8				
FEI Number:	71-0938968	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:	
1200 SOUT	ORATION SY TH PINE ISLA DN, FL 3332	ND ROAD			
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agen	t	Date	
Election Cam	paign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ORLANDO, JO) Delete OSEPH A CHAIRMA ENUE SOUTH, 20TH FLOOR IY 100103607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINNOCK, LAN 529 E. SOUTH) Delete WRENCE W V.P. I TEMPLE TY, UT 84102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BIENVENUE, F 529 E. SOUTH) Delete PATRICK D PRES I TEMPLE TY, UT 84102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CANNELLA, PI) Delete HILIP M ASS VP ENUE SOUTH, 20TH FLOOR IY 100103607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MAKI, CORINI 529 E SOUTH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ULBRANDT, L) Delete AURA E ASS SEC ENUE SOUTH, 20TH FLOOR IY 100103607	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: CORINNE A. MAKI SEC 02/13/2006