2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P05000002148** DREW PARK ASSOCIATES, INC. Principal Place of Business Mailing Address 4301 W CAYUGA ST 4301 W CAYUGA ST TAMPA, FL 33614 TAMPA, FL 33614 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3183590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WILLYOUNG, JOHN W DO NOT WRITE 4726 NORTH LOIS AVENUE, SUITE A-2 TAMPA, FL 33614 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WILLYOUNG, JOHN STREET ADDRESS **527 LAKEVIEW DRIVE** CITY-ST-ZIP OLDSMAR, FL 34677 ° U000000742052 TIT! F 05/15/07-80052-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07

FILED