## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000027675

Entity Name: CINEDRAFT II, INC.

FILED Feb 20, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1920 WOODCREST DRIVE #3 WINTER PARK, FL 32792				2500 N. FORSYTH ROAD SUITE C-1 ORLANDO, FL 32807		
Current Mailing Address:				New Mailing Address:		
1920 WOODCREST DRIVE #3 WINTER PARK, FL 32792				2500 N. FORSYTH ROAD SUITE C-1 ORLANDO, FL 32807		
FEI Number:	42-1661738	FEI Number Applied For ( )	FEI Number	Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FAGAN, WILLIAM 106 SOUTH INTERLACHEN AVENUE #219 WINTER PARK, FL 32789 US						
The above in the State		ubmits this statement for the pur	rpose of cha	anging it	s registered o	ffice or registered agent, or both,
SIGNATUR	E:					
Electronic Signature of Registered Agent						Date
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () PHILLIPS, LIND 1920 WOODCR WINTER PARK,	EST DRIVE #3			PHILLIPS, LINE	/TH ROAD, SUITE C-1
Title: Name: Address: City-St-Zip:	D () KRESGE, HOW 2045 SUMMERL WINTER PARK,	AND AVENUE			( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () DEAN, JOHN O 6585 SOUTH TR MERRITT ISLAN				( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	FAGAN, WILLIA	ERLACHEN AVENUE #219			( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	STD () PHIPPS, ROBER 1897 WIND WIL BELLE ISLE, FL	LOW ROAD			( )	Change ( ) Addition

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: LINDSEY S. PHILLIPS PRES 02/20/2008