
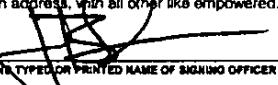


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-14-2006 90145 041 ***150.00

DOCUMENT # P05000163536			
1. Entity Name THE DRAFT, INC.			
Principal Place of Business 116 N.W. 13TH STREET # 141 GAINESVILLE, FL 32601 US		Mailing Address C/O D&K QUALITY ACCTG & TAX SVC., INC. 2335 J 63RD AVENUE EAST BRADENTON, FL 34203 US	
2. Principal Place of Business 7257 N.W. 4TH ST BLDG PMB 323		3. Mailing Address	
Suite, Apt. #, etc. BLDG PMB 323		Suite, Apt. #, etc.	
City & State GAINESVILLE, FL.		City & State	
Zip 32607	Country ARHDLA	Zip	Country
4. FEI Number 20-3977647		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HECKMAN, DONALD H 2335 J 63RD AVENUE EAST BRADENTON, FL 34203		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLACK, JASON 823 B N.E. 3RD AVENUE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7257 N.W. 4TH ST - BLDG PMB 323 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP REBELO, GEORGE 3314 N.W. 8TH STREET GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7257 N.W. 4TH ST - BLDG PMB 323 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOLLARD, CHRIS 1110 N.W. 42ND AVENUE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7257 N.W. 4TH ST - BLDG PMB 323 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: 		President 4/12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66012165



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