FILED
Jun 28, 2007 8:00 am
Secretary of State
05-18-2007 90021 050 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000070545

1. Entity Name
DRAFTING & DESIGN STUDIO, INC.

Principal Place of Business	Mailing Address
1175 SPRING CENTRE SOUTH SUITE 200 ALTAMONTE SPRINGS FL 32714	1175 SPRING CENTRE SOUTH SUITE 200 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
222 S. Westmonte DR.	
Suite, Apt. #, etc. 216	Suite, Apt. #, etc.
City & State ALTAMONTE SPRINGS, FL	City & State
Zip 32714 Country USA	Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number 20-4914584 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROVIRA, FRANCISCO J
1175 SPRING CENTRE SOUTH
SUITE 200
ALTAMONTE SPRINGS FL 32714

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 [signature] FRANCISCO J. ROVIRA 04/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
~~After May 1, 2007 Fee Will Be $550.00~~
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROVIRA, FRANCISCO J 45 WEKIVA POINTE CIRCLE APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROVIRA, JOCELYN 45 WEKIVA POINTE CIRCLE APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 04/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #