2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# P07000045089

Entity Name: DRAWER FOUR, INC.

Current Principal Place of Business:

4220 OAKFIELD AVENUE
HOLIDAY, FL 346911626

New Principal Place of Business:

202 N POMPEO AVE
CRYSTAL RIVER, FL 34429 US

Current Mailing Address:

4220 OAKFIELD AVENUE
HOLIDAY, FL 346911626

New Mailing Address:

FEI Number: 20-8839043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, EIREN K
4220 OAKFIELD AVENUE
HOLIDAY, FL 346911626 US

Name and Address of New Registered Agent:

SMITH, EIREN K
202 N POMPEO AVE
CRYSTAL RIVER, FL 34429 US

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.

SIGNATURE: EIREN SMITH 07/03/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: SMITH, EIREN K
Address: 4220 OAKFIELD AVENUE
City-St-Zip: HOLIDAY, FL 346911626

Title: VP ( ) Delete
Name: BECERRA, AURI B
Address: 4220 OAKFIELD AVENUE
City-St-Zip: HOLIDAY, FL 346911626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: SMITH, EIREN K
Address: 202 N POMPEO AVE
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: VP (X) Change ( ) Addition
Name: BECERRA, AURI B
Address: 202 N POMPEO AVE
City-St-Zip: CRYSTAL RIVER, FL 34429 US

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: EIREN SMITH PRES 07/03/2008
Electronic Signature of Signing Officer or Director Date