

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003275

Entity Name: PRO-DRAW INC.

FILED  
Feb 27, 2005  
Secretary of State

**Current Principal Place of Business:**

6851 WEST COLONIAL DR  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

6851 WEST COLONIAL DR  
ORLANDO, FL 32818 US

**New Mailing Address:**

FEI Number: 59-3300705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, NANDANIE  
7102 ROTHCHILD CT  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JAMALUS Z.A. SHAW,  
Address: 7102 ROTHCHILD CT  
City-St-Zip: ORLANDO, FL

Title: VS ( ) Delete  
Name: NANDANIE SHAW,  
Address: 7102 ROTHCHILD CT  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANDANIE SHAW

V/S

02/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date