2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P99000008713 03-23-2006 90012 047 ***150 00 ACAD DRAFTING SERVICE, INC. Principal Place of Business Mailing Address 2002 SW GOLF LANE 2002 SW GOLF LANE BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Cufrent Registered Agent 7. Name and Address of New Registered Agent Name THEISS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2002 SW GOLF LANE BOYNTON BEACH, FL 33426 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OSP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THEISS, RICHARD NAME NAME STREET ADDRESS 2002 SW GOLF LANE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 eceiver 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.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2006

ACAD DRAFTING SERVICE, INC. 2002 SW GOLF LANE BOYNTON BEACH, FL 33426

SUBJECT: ACAD-DRAFTING SERVICE, INC. Ref. Number: P99000008713

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform-Business Report-Section, P.O. Box-6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR OPS

Letter Number: 206A00017852