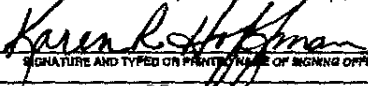


FILED
Apr 27, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000035955		
1. Entity Name ALLIED DRAFTING & DESIGN, INC.		
Principal Place of Business 1901 S. TAMiami TRAIL VENICE, FL 34293		Mailing Address 1901 S. TAMiami TRAIL VENICE, FL 34293
DO NOT WRITE IN THIS SPACE		
		 04252005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0917898		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DUNKIN, DAVID A 170 WEST DEARBORN ST. ENGLEWOOD, FL 34223		DO NOT WRITE IN THIS SPACE
5. 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000336759 04/27/05-80139-000-150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOFFMAN, MARK 1580 KEYWAY CT. ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD HOFFMAN, KAREN 1580 KEYWAY CT ENGLEWOOD, FL 34223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-25-05 941-497-3476 Date Daytime Phone #