2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Feb 22, 2005 8:00 am **Secretary of State** DOCUMENT # P99000054828 1. Entity Name 02-22-2005 90028 029 ***150.00 DRAYLIG, INC. Principal Place of Business Mailing Address 3300 N. 29TH AVE. 3300 N. 29TH AVE. 50017572 **STE 102** STE 102 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 Principal Place of Business 3. Mailing Address ()-rand Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For iami 65-0931372 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HACKER, GARY Street Address (P.O. Box Number is Not Acceptable) 3300 N. 29TH AVE. HOLLYWOOD, FL 33020 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Change ■ Addition GILYARD, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 3300 N 29 AVE STE 102 CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP Defete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZfP CITY-ST-ZIP Defete TIT) E 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 □ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST! ZIP ·CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED