


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V00946</b>	
1. Entity Name PROTOCAD MANUFACTURING, INC.	

Principal Place of Business 226 S MILITARY TR DEERFIELD BEACH, FL 33442	Mailing Address 226 S MILITARY TR DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**

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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0304426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PEREIJNOS, JUNE 226 S MILITARY TR DEERFIELD BEACH, FL 33442
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIJNOS, TONY 226 S MILITARY TR DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIJNOS, JUNE 226 S MILITARY TR DEERFIELD BEACH, FL
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01/12/06-80039-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>June Pereijnos</u>	1-6-06 954/570-6373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Deputy Phone #