


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90262 040 ***150.00

DOCUMENT # F06000000095

1. Entity Name
GRANITE SERVICES INTERNATIONAL, INC.



Principal Place of Business
**1302 N. 19TH ST., 3RD FL
 TAMPA, FL 33605**

Mailing Address
**1302 N. 19TH ST., 3RD FL
 TAMPA, FL 33605**

40077435



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
12 Corporate Woods Blvd
 Suite, Apt. #, etc.
Suite 300
 City & State
Albany NY
 Zip Country
12311

01252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**HYNES, PATRICIA M
 1302 N. 19TH ST., 3RD FL
 TAMPA, FL 33605**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TULLMAN, ROBERT 1302 N. 19TH ST., 3RD FL TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT TULLMAN 1302 N. 19TH ST. TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEVLIN, TOM <input checked="" type="checkbox"/> Delete CLONSHAUGH INDUSTRIAL ESTATE CLONSHAUGH, DUBLIN IRELAND,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTA BOLLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1302 N. 19TH ST. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, FOREST <input checked="" type="checkbox"/> Delete 7 WESTLAKE DR. PINEHURST, NC 28374	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ALYSON M <input checked="" type="checkbox"/> Delete 13 HERONS PLACE, OLD ISTEWORTH MIDDLESEX, TW7 7BE ENGLAND,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, ROBERT A <input type="checkbox"/> Delete 1302 N. 19TH ST., 3RD FL TAMPA, FL 33605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara A. Cameron **BARBARA A. CAMERON** VP/ASST TREASURER 4/13/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

