


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F06000000095

1. Entity Name
GRANITE SERVICES INTERNATIONAL, INC.



FILED
07 AUG 27 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1302 N. 19TH ST., 3RD FL TAMPA, FL 33605	Mailing Address 12 CORPORATE WOODS BLVD SUITE 300 ALBANY, NY 12311
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08092007 Chg-P CR2E034 (12/06)

4. FEI Number 75-2994276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE 09/06/07

300109132233
09/06/07--01028--015 **61.25

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TULLMAN, ROBERT 1302 N. 19TH ST., 3RD FL TAMPA, FL 33605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLLES, MONTA 1302 N 19TH ST. TAMPA, FL 33605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, ROBERT A 1302 N. 19TH ST., 3RD FL TAMPA, FL 33605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT TULLMAN 1302 N. 19TH STREET TAMPA, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SECRETARY/DIRECTOR MONTA BOLLES 1302 N. 19TH STREET TAMPA, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TREASURER/CFO MORGAN WILLIAMS 1302 N. 19TH STREET TAMPA, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/DIRECTOR STAN HARVELL 1302 N. 19TH STREET TAMPA, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/DIRECTOR GARY STANSBURY 1302 N. 19TH STREET TAMPA, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ASST. TREASURER BARBARA A. CAMERON 12 CORPORATE WOODS BLVD. ALBANY, NY 12211 <input type="checkbox"/> Change <input checked="" 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 Date 8/14/07 (518) 433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR