2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P04000056999** 1. Entity Name GRAVELS GROUP OF COMPANIES, INC. Mailing Address Principal Place of Business 3032 CRYSTAL CREEK BLVD 3032 CRYSTAL CREEK BLVD ORLANDO, FL 32837 ORLANDO, FL 32837 04262007 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 27-0089885 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, JOHN P DO NOT WRITE 3032 CRYSTAL CREEK BLVD IN THIS SPACE ORLANDO, FL 32837 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DP CLARK, JOHN P NAME 3032 CRYSTAL CREEK BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 U00000748837 05/17/07-80084-017 150.00 DST TITLE CLARK, LORRAINE P NAME STREET ADDRESS 3032 CRYSTAL CREEK BLVD CITY-ST-ZIP ORLANDO, FL 32837 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMO STREET ADDRESS CITY-ST-ZIP

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 of 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 willyan address. With all other like empowered.

SIGNATURE:

JOHN.

NAME
STREET ADDRESS
CITY-ST-ZIP

IN PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

PRESIDENT

<u>April 25, 2007</u>

(407) 903-1260

FILED

Daylime Phone #