2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2006 08:00 A DOCUMENT # P93000064096 **Secretary of State** 1. Entity Name 2900 GRIFFIN ROAD, INC. Principal Place of Business Mailing Address PO BOX 23276 411 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33307 US 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0443024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FERRIE, EDWARD B DO NOT WRITE 411 E COMMERCIAL BLVD FT LAUERDALE, FL 33334 IN THIS SPACE 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. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PVTD TITLE NAME FERRIE, EDWARD UUUUUU374183 STREET ADDRESS 411 E COMMERCIAL BLVD 01/10/06-80012-009 150.00 FT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

666 491-899 Date Daytime Prope #

FILED