2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

SIGNATURE AND PPED OR PRINTED NAME OF

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P94000036245 04-30-2007 90397 036 ***158.75 GRAYSON REAL ESTATE, INC. Principal Place of Business Mailing Address 10420 SW 77 AVE 10420 SW 77 AVE MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 9420 5W 77 AUE 3. Mailing Address 9860 SW. 140 St. Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) Cha-P Applied For City & State 4. FEI Number 65-0495913 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAYSON, DAVID B Street Address (P.O. Box Number is Not Acceptable) 10420 SW 77 AVE MIAMI, FL 33156 City 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRAYSON, DAVID B NAME STREET ADDRESS 10420 SW 77 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED