


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # S79481
 1. Entity Name
GRAYSON ASSOCIATES, INC.



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|--|---|
| Principal Place of Business 802 VILLA AVE. FAIRFIELD, CT 06825 | Mailing Address PO BOX 320238 FAIRFIELD, CT 06432 |
|--|---|



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 06-0845658 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRIEK, DOMINIC 4059 PARK AVENUE FAIRFIELD, CT 06432 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GRAYSON, KATHERINE 79 TEMPLAR PLACE OAKLAND, CA 94618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GRAYSON, JILL 15 BERKELEY ROAD WESTPORT, CT 06880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CONETTA, ELIZABETH 46 BROCKWOOD LANE SHELTON, CT 06484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000510459
 04/29/06-80008-020 150.00

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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: E. Conetta E. CONETTA sec. 4/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #