

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90040 048 \*\*\*150.00

DOCUMENT # P99000032869  
 1. Entity Name  
 BY GRACE ELECTRIC, INC.



Principal Place of Business: 530 47TH AVE. VERO BCH, FL 32968  
 Mailing Address: 530 47TH AVE. VERO BCH, FL 32968

**50002453**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 65-0911988  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: FORD, ROBERT J, 530 47TH AVE, VERO BCH, FL 32968  
 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: Robert J Ford Robert J Ford DATE: 3/9/06

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: FORD, ROBERT J STREET ADDRESS: P. O. BOX 3903 CITY-ST-ZIP: VERO BEACH, FL 32964	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TS NAME: FORD, JUDY STREET ADDRESS: 53047 AVE CITY-ST-ZIP: VERO BEACH, FL 32968	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: TOPPING, SAMUEL R STREET ADDRESS: 560 126 ROAD APT 104 CITY-ST-ZIP: VERO BEACH, FL 32960	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert J Ford Robert J Ford DATE: 3/9/06 772-770-2565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #