2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 27, 2007 8:00 am Secretary of State DOCUMENT # P06000135049 1. Entity Name 03-27-2007 90016 015 ***158.75 GRE ST. CLOUD, INC. Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD. 4000 HOLLYWOOD BLVD. SUITE 530N SUITE 530N HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3803934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LICHTMAN, HARVEY 4000 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 530N HOLLYWOOD FL 33021 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE TITLE Change Delete KLURMAN, SISEL Sisel Klurman NAME 4000 HOLLYWOOD BLVD., SUITE 530N 4000 Hollywood Blvd., #530N STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-7IP CITY - ST- ZIP Hollywood, FL 33021 🔼 Addition Change THILE ☐ Defete HITTE LICHTMAN, HARVEY Zipora Ben-Aviv NAME NAME 4000 HOLLYWOOD BLVD., SUITE 530N STREET ADDRESS STREET ADDRESS 4000 Hollywood Blvd., #530N HOLLYWOOD FL 33021 CITY-ST ZIP CITY ST ZIP Hollywood, FL 33021 ☐ Delete Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP Delete HILE ☐ Addition IITEE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE. ☐ Delete TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

954-985-2400

Daytime Phone #

3/16/2007