2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# P03000093417

Entity Name: GRASS RIDERS, INC.

Current Principal Place of Business:

4215 FLOATING ORCHID CT
ST. CLOUD, FL 34772 US

New Principal Place of Business:

4417 13TH ST
SUITE 109
ST. CLOUD, FL 34769 US

Current Mailing Address:

P.O. BOX 700958
ST. CLOUD, FL 34770 US

New Mailing Address:

4417 13TH ST
SUITE 109
ST. CLOUD, FL 34769 US

FEI Number: 42-1602697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIAZ, ROCHELY A
4215 FLOATING ORCHID CT
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIAZ, ROCHELY A
Address: 4215 FLOATING ORCHID CT
City-St-Zip: ST. CLOUD, FL 34772 US

Title: VP ( ) Delete
Name: DIAZ, PEDRO J
Address: 4215 FLOATING ORCHID CT
City-St-Zip: ST CLOUD, FL 34772 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: CORDOVA, EDWIN
Address: 1111 OCEAN ST
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCHELY A. DIAZ P 05/09/2007

Electronic Signature of Signing Officer or Director Date