2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 185459

Address:

City-St-Zip:

1284 FERNWAY DR

ORMOND BCH, FL 32174 US

me: GRANADA ORMOND INC

FILED Mar 19, 2009 Secretary of State

| Entity Na | me: GRANAI | DA ORMOND, INC. | | | |
|---|---|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| BOX 518 ORMOND | BEACH, FL | 321757518 US | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | FICE BOX 518 BEACH, FL | 3 321750518 US | | | |
| FEI Number | : 59-0738992 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 1284 FERI ORMOND | TON, WILLIAN NWAY DRIVE BEACH, FL | 32174 US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | gent | Date | |
| Election Ca | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PARTINGTON 1284 FERNW | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PARTINGTON 91 CAPRI DR. | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: | VSD (PARTINGTON |) Delete DONNA | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: W.E. PARTINGTON II P 03/19/2009