


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 286358</b> 1. Entity Name <b>BECKER GROVES INC</b>					
Principal Place of Business <b>2627 S JENKINS ROAD</b> <b>FORT PIERCE, FL 34981</b> <b>US</b>			Mailing Address <b>2627 S JENKINS ROAD</b> <b>FORT PIERCE, FL 34981</b> <b>US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>59-1101047</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HURLEY, THOMAS</b> <b>2627 S JENKINS ROAD</b> <b>FORT PIERCE, FL 34981</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Thomas Hurley</i></u> , CEO <u>4/17/07</u> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSSON, JEFFREY L 736 36TH AVENUE VERO BEACH, FL 32968	<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	CD HURLEY, THOMAS 2627 S JENKINS ROAD FORT PIERCE, FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300099086303</b> <b>04/27/07--01012--005 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURLEY, SCOTT R 2627 S JENKINS ROAD FORT PIERCE, FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>HURLEY, R. SCOTT</b> <b>2627 S. JENKINS ROAD</b> <b>FORT PIERCE, FL 34981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURLEY, RICHARD 2627 S JENKINS ROAD FORT PIERCE, FL 34981	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 4/24/07</b>
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: <u><i>Thomas Hurley</i></u> Thomas Hurley <u>4/17/07</u> 772-595-3100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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