
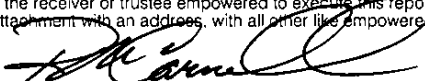


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

<b>DOCUMENT # 396382</b>			
<b>1. Entity Name</b> BERNARD A. EGAN GROVES, INC.			
<b>Principal Place of Business</b> 1900 OLD DIXIE HWY FT. PIERCE, FL 34946-1423 US		<b>Mailing Address</b> 1900 OLD DIXIE HWY FT. PIERCE, FL 34946-1497 US	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
CARNELL, RICHARD M 1900 OLD DIXIE HWY FT. PIERCE, FL 34946			<b>Name</b>
			<b>Street Address</b>
			<b>City</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Ad	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, GREGORY P. 1900 OLD DIXIE HWY FT PIERCE, FL 34946	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVS GILET, JEAN J 1900 OLD DIXIE HWY FT PIERCE, FL 34946	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVT EGAN, ROBERT W 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PASD CARNELL, RICHARD M 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>11.</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., as amended, changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>Ric</b> <b>03/</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			