2008 FOR PROFIT CORPORTION

ANNUAL REPORT **FILED** Jan 14, 2008 08:00 AM DOCUMENT # 420460 **Secretary of State** 1. Entity Name JUSTICE PLAZA, INC. Principal Place of Business Mailing Address 826 BROADWAY 826 BROADWAY DUNEDIN, FL 34698 DUNEDIN, FL 34698 CR2E034 (11/05) No Chg-P 01042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1443569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRACY, GREGORY D DO NOT WRITE 826 BROADWAY DUNEDIN, FL 34698 IN THIS SPACE 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) U000000780784 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/15/08-80008-014 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GRACY, GREGORY D NAME **826 BROADWAY** STREET ADDRESS CITY+ST-ZIP DUNEDIN, FL TITLE GRACY, GREGORY D. NAME STREET ADDRESS 826 BROADWAY CITY-ST-ZIP DUNEDIN, FL TITLE GRACY, GREGORY D. NAME STREET ADDRESS 826 BROADWAY DO NOT WRITE CITY-ST-ZIP DUNEDIN, FL IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory D. Gracy

(727) 736-1411

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