2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment

SIGNATURE:

Feb 17, 2006 8:00 am **DOCUMENT # 482049 Secretary of State** 1. Entity Name 02-17-2006 90075 017 ***158.75 GREVGOLD ENTERPRISES, INC. Principal Place of Business Mailing Address ONE EAST COMMERCIAL BLVD. ONE EAST COMMERCIAL BLVD. LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1615901 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, PETER Street Address (P.O. Box Number is Not Acceptable) ONE ÉAST COMMERCIAL BLVD. LAUDERDALE-BY-THE-SEA FL 33308 City 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 Signature, typed or printed name of registered agent and tale it applicable (NOTE: Registered Agent signature required when resistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Delete Addition GREVIOR, ARNOLD NAME STREET ADDRESS 100 S.E. 6TH STREET STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Beck Redue one commerical Blud cauderdali by the Sea TITLE ☐ Defete Change | Addition MAME BECK, PETER HAME STREET ADDRESS 3001 E OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-ZIP . Detete . DILE THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or expotemental 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

FILED

Date