2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2006 8:00 am Secretary of State 03-15-2006 90098 015 ***150.00 **DOCUMENT #601378** 1. Entity Name GRAND & GRAND, P.A. A0031962 Principal Place of Business Mailing Address 3440 HOLLYWOOD BLVD., SUITE 450 3440 HOLLYWOOD BLVD., SUITE 450 VENTURE CORPORATE CENTER VENTURE CORPORATE CENTER HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 4010 Sheridan Street 4010 Sheridan Street Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 CR2E034 (11/05) Chg-P City & State City & State 4 FEI Number Applied For Hollywood, Florida Hollywood, Florida Not Applicable 59-1269801 Country \$8:75 Additional 5. Certificate of Status Desired 33021 33021 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAND, LEONARD Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD STE 450 HOLLYWOOD, FL 33021 4010 Sheridan Street Hollywood 8. The above named entity sybmits 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE TITLE ☐ Delete ☐ Channe noitibhA | GRAND, LEONARD NAME NAME 2110 N OCEAN BLVD # 1803 STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33305 CITY-ST-ZIP VSD ☐ Delete (X) Change TITLE TITLE □ Addition NAME GRAND, MARK S NAME STREET ADDRESS 3440 HOLLYWOOD BLVD, #450 STREET ADDRESS 4010 Sheridan Street CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Hollywood, Florida ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. yith all other like empowered.

President