## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 654421** 

GRACE'S CENTER INC.

FILED Apr 29, 2005 Secretary of State

Entity Na	me: GRACE'	S CENTER, INC.				
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
	4TH COURT TON, FL 3343	322811				
Current Mailing Address:			New Mailing	New Mailing Address:		
	4TH COURT TON, FL 3340	322811				
FEI Number	: 59-1966564	FEI Number Applied For()	FEI Number Not Applica	able () Cer	tificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and A	ddress of New	Registered Agent:	
900 N. FEI	DOMENIC L. DERAL HWY. TON, FL 3343					
	named entity e of Florida.	submits this statement for the	purpose of changing its	registered office	or registered agent, or both,	
SIGNATU						
Election Car		nic Signature of Registered Ao ng Trust Fund Contribution ( ).	gent		Date	
	S AND DIREC	•	ADDITIONS	CHANGES TO	OFFICERS AND DIRECTORS:	
Title: Name:	SD ( KERR, SUSAN	) Delete	Title: Name:	( ) Chai	nge ( ) Addition	
Address:	343 PINE CIR		Address:			
City-St-Zip:	BOCA RATON		City-St-Zip:			
Title	D (	\ Delete	Title	( ) Cha	ogo ( ) Addition	
Title: Name:	P ( DEVINE, JOAN	) Delete INF	Title: Name:	( ) Cilai	nge ( ) Addition	
Address:	425 NE 12TH		Address:			
City-St-Zip:	BOCA RATON		City-St-Zip:			
Title:	VD (	) Delete	Title:	( ) Chai	nge ( ) Addition	
Name:	GROSSO, DO	•	Name:	( ) 51101	igo ( )/ tautien	
Address:	900 N. FEDER		Address:			
City-St-Zip:	BOCA RATON	, FL 33432	City-St-Zip:			
Title:	TD (	) Delete	Title:	TD (X) Cha	nge()Addition	
Name:	GROSSO, GR	ACE		GROSSO, GRACE		
Address:	1235 NE 4 CT		Address: 1	1235 NE 4 CT		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

BOCA RATON, FL 33432

SIGNATURE: GRACE GROSSO TD 04/29/2005

BOCA RATON, FL

City-St-Zip: