2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #856319

SIGNATURE: _

FILED Apr 28, 2005 08:00 AM Secretary of State

1. Entity Nam GRIGSB	Y & ASSOCIATES, INC.						
311 CALIFOI SUITE 320 SAN FRANCI	RNIA STREET SCO, CA 94104 US	Mailing Address 311 CALIFORNIA STREET SUITE 320 SAN FRANCISCO, CA 94104	US	01032005	No Chg-P	CR2E034 (10/	
	OO NOT WRITE I		UE	4. FEI Number 94-2856 5. Certificate of	······································	□ \$8.75 Fee Req	Applied For Not Applicable Additional ulred
6, Name and Address of Current Registered Agent							
GRIGSBY, CALVIN 1420 S BAYSHORE DRIVE #303 MIAMI, FL 33131			DO NOT WRITEIN 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	d Agent signature required	when reinstaling)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	neing \$5.	00 May Be ed to Fees			i	
10,	OFFICERS AND DIRE	CTORS	 :	·		44. 2 m E	r on romanda i ili
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRIGSBY, CALVIN 311 CALIFORNIA ST #320 SAN FRANCISCO, CA 94104					1227760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/28/05	1337769 -80010-005	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT W	RITE	- ·· ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				a none e e e e e e e e e e e e e e e e e			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · ·				
12. I hereby of indicated of the corphanged.	ertify that the information supplied with this on this report or supplemental report is true poration or the receiver or frustee employers or on an attachment with an addless, with	filing does not qualify for the exe and accurate and that my signat of to execute this report as requil other like empowered.	mption stated in Secure shall have the s red by Chapter 607	ction 119.07(3)(i), same legal effect a , Florida Statutes,	Florida Statutes. I as if made under or and that my name	further certify that that that that that I am an offi appears in Block 1	ne information der or director 0 er Block 11 if