## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000007217

Entity Name: GRAND EXPEDITIONS, INC.

FILED Oct 06, 2006 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
6820 LYONS TECHNOLOGY CIRCLE COCONUT CREEK, FL 33073			SUITE 402	19345 US HIGHWAY 19 NORTH SUITE 402 CLEARWATER, FL 33764	
Current Mailing Address:			New Maili	New Mailing Address:	
6820 LYONS TECHNOLOGY CIRCLE COCONUT CREEK, FL 33073			SUITE 402	19345 US HIGHWAY 19 NORTH SUITE 402 CLEARWATER, FL 33764	
FEI Number:	20-3890403	FEI Number Applied For ( ) FEI N	umber Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE: PETER SOUZA					
Electronic Signature of Registered Agent Date					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	MEE, DARREN	Delete CHNOLOGY CIRCLE SK, FL 33073	Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition MEE, DARREN 19345 US HIGHWAY 19 NORTH, SUITE 402 CLEARWATER, FL 33764	
Title: Name: Address: City-St-Zip:	MCGRAYNOR, D.	CHNOLOGY CIRCLE	Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition MCGRAYNOR, DAVID 19345 US HIGHWAY 19 NORTH, SUITE 402 CLEARWATER, FL 33764	
Title: Name: Address: City-St-Zip:	WALTER, JOYCE	CHNOLOGY CIRCLE	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition WALTER, JOYCE 19345 US HIGHWAY 19 NORTH, SUITE 402 CLEARWATER, FL 33764	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	DVP ( ) Change (X) Addition JOHN, ANDREW 19345 US HIGHWAY 19 NORTH, SUITE 402 CLEARWATER, FL 33764	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition RAAS, ALEXANDER 19345 US HIGHWAY 19 NORTH, SUITE 402 CLEARWATER, FL 33764	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name: Address: City-St-Zip:	TREA () Change (X) Addition SCHANTZ, MIKE 19345 US HIGHWAY 19 NORTH, SUITE 402 CLEARWATER, FL 33764	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MIKE SCHANTZ TREA 10/06/2006