2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# F05000007217

Entity Name: GRAND EXPEDITIONS, INC.

Current Principal Place of Business:

19345 US HIGHWAY 19 NORTH
SUITE 402
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

19345 US HIGHWAY 19 NORTH
SUITE 402
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-3890403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

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:

Title: DVP ( ) Delete
Name: MEE, DARREN
Address: 19345 US HIGHWAY 19 NORTH, SUITE 402
City-St-Zip: CLEARWATER, FL 33764

Title: DVP ( ) Delete
Name: MCGRAYNOR, DAVID
Address: 19345 US HIGHWAY 19 NORTH, SUITE 402
City-St-Zip: CLEARWATER, FL 33764

Title: S ( ) Delete
Name: WALTER, JOYCE
Address: 19345 US HIGHWAY 19 NORTH, SUITE 402
City-St-Zip: CLEARWATER, FL 33764

Title: DVP ( ) Delete
Name: JOHN, ANDREW
Address: 19345 US HIGHWAY 19 NORTH, SUITE 402
City-St-Zip: CLEARWATER, FL 33764

Title: PRES ( ) Delete
Name: RAAS, ALEXANDER
Address: 19345 US HIGHWAY 19 NORTH, SUITE 402
City-St-Zip: CLEARWATER, FL 33764

Title: TREA ( ) Delete
Name: SCHANTZ, MIKE
Address: 19345 US HIGHWAY 19 NORTH, SUITE 402
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 05/03/2007

Electronic Signature of Signing Officer or Director Date