


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90185 025 ***150.00

DOCUMENT # F54848 1. Entity Name COLONIAL GROVES, INC.	
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Principal Place of Business 125 SEAGRAPE CIR. PALM BEACH, FL 33480	Mailing Address 125 SEAGRAPE CIR. PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0061170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRACCI, COLLEEN D C/O DASZKAI BOLTON LLP 2401 PGA BLVD, SUITE 196 PALM BEACH GARDENS, FL 33410
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST IN DER REIDEN, ANTHONY L CHARLOTTE HSE CHARLO ST NASSAU, BAHANAS 00000.
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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 with all other like empowered.

SIGNATURE: Anthony L. M. Inder Reiden 04/26/06
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR