


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000003701	
1. Entity Name GRAM EQUIPMENT OF AMERICA, INC.	

Principal Place of Business 1212 NORTH 39TH ST. SUITE 438 TAMPA, FL 33605	Mailing Address 1212 NORTH 39TH ST. SUITE 438 TAMPA, FL 33605
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04162006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2109848	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JEFFRIES, DAVID M 101 E KENNEDY BLVD STE 1030 TAMPA, FL 33602

**DO NOT WRITE
IN 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	U00000524898 05/04/06-80008-022 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS DALUM, OVE 1212 NORTH 39TH ST., STE. 438 TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOELLER JENSEN, KURT 1212 NORTH 39TH ST., STE. 438 TAMPA, FL 33605
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IN THIS SPACE**

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 authority like empowered.

SIGNATURE: Kurt Moeller Jensen **4-19-06 813-248-1975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KURT MOELLER JENSEN