


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000003922

1. Entity Name
GRISE CORPORATION



Principal Place of Business 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230 US	Mailing Address 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1653459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301**

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 _____ (NOTE: Registered Agent signature required when re-registering) 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	PCD GRAY, ELMON T 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GRAY, GARLAND II 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAY, BRUCE B 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, HORACE A III 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000540352
 05/10/06-80011-024 150.00

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:  **Horace A. Gray, III** 4/26/06 801/559-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #