2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002165

Address:

City-St-Zip:

3240 NEWGATE CT

DUBLIN. OH 43017

Entity Name: GRELL ENTERPRISES, INC.

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3249 NEWGATE CT **DUBLIN, OH 43017 Current Mailing Address: New Mailing Address:** 3249 NEWGATE CT DUBLIN, OH 43017 FEI Number: 31-1460033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SHIPP, JANICE ORTIZ, MISAEL 1117 MASSACHUSETTS AVE. 1117 MASSACHUSETTS AVE. ST. CLOUD, FL 34769 ST. CLOUD, FL 34769 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: MISAEL ORTIZ 01/31/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: WC () Delete Title: () Change () Addition GREEN, ROBERT P Name: Name: 5505 HAZELWOOD RD. Address: Address: City-St-Zip: COLUMBUS, OH 43229 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GREEN. EVELYN L Name: 5505 HAZELWOOD RD. Address: Address: COLUMBUS, OH 43229 City-St-Zip: City-St-Zip: Title: Title: PC () Delete () Change () Addition ELLINGSWORHT, PAUL C Name: Name: 3249 NEWGATE CT Address: Address: City-St-Zip: **DUBLIN, OH 43017** City-St-Zip: Title: () Delete Title: () Change () Addition ELLINGSWORTH, VIRGINIA J Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: VIRGINIA J. ELLINGSWORTH SD 01/31/2006