2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# F99000001576

Entity Name: GROENEVELD ATLANTIC SOUTH, INC.

Current Principal Place of Business:

7820 PROFESSIONAL PLACE, #6
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

7820 PROFESSIONAL PLACE, #6
TAMPA, FL 33637

New Mailing Address:

FEI Number: 34-1888451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATERS, TAMMY
7820 PROFESSIONAL PLACE, #6
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

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

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: DIANE STOUT 10/27/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: GROENEVELD, HENK
Address: STEPHENSONWEG 12
City-St-Zip: GORINCHEM, NL 4207 NL

Title: AS ( ) Delete
Name: SKUHROVEC, JOANNE
Address: 1130 INDUSTRIAL PARKWAY NORTH
City-St-Zip: BRUNSWICK, OH 44212 US

Title: T ( ) Delete
Name: BRUINENBERG, JAN
Address: STEPHENSONWEG 12
City-St-Zip: GORINCHEM, NL 4207 HB NL

Title: OM ( ) Delete
Name: WATERS, TAMMY A
Address: 7820 PROFESSIONAL PLACE
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: GROENEVELD, HENK
Address: STEPHENSONWEG 12
City-St-Zip: GORINCHEM, NL 4207 NL

Title: AS (X) Change ( ) Addition
Name: WILSON, GAIL
Address: 1130 INDUSTRIAL PARKWAY NORTH
City-St-Zip: BRUNSWICK, OH 44212 US

Title: TD (X) Change ( ) Addition
Name: BRUINENBERG, JAN
Address: STEPHENSONWEG 12
City-St-Zip: GORINCHEM, NL 4207 HB NL

Title: COO (X) Change ( ) Addition
Name: COVELLO, BRIAN
Address: 7820 PROFESSIONAL PLACE
City-St-Zip: TAMPA, FL 33637

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: GAIL WILSON AS 10/27/2008
Electronic Signature of Signing Officer or Director Date