



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # J46092	
1. Entity Name TETLEY GROVES, INC.	

Principal Place of Business 1519 19TH PLACE VERO BEACH, FL 32960 US	Mailing Address P.O. BOX 998 VERO BEACH, FL 32961-0998 US
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DO NOT WRITE IN THIS SPACE	
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01052007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-2748319	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAVES, W.C. IV 6655 8TH ST VERO BEACH, FL 32968
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D GRAVES, W.C., III 5680 4TH ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, FRANCES 5680 4TH ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAVES, W.C., IV 6655 8TH ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAVES, W.C. IV 6655 8TH ST VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W.C. Graves, IV* **President** *11/7/07 772-564-5273*