## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K04761

Entity Name: WEAVER GROVES, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1548 NE 34TH STREET					
REAR OAKLAND PARK, FL 33334 US					
Current Mailing Address:			New Mailing Address:		
1548 NE 34TH STREET REAR OAKLAND PARK, FL 33334 US					
FEI Number: 65-0017846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )					
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WEAVER, JAMES M PRES 1548 NE 34TH STREET OAKLAND PARK, FL 33334 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:					
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () Delete WEAVER, LINDY S 1534 NE 34TH ST OAKLAND PARK, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete CMAYLO, BARBARA J 2640 N.E. 26TH COURT FORT LAUDERDALE, FL	33306	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete WEAVER, PATRICIA A 2648 BROWN CIR SE SMYRNA, GA		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WEAVER, PATRICIA A 3089 LEE STREET SE SMYRNA, GA 30080	
Title: Name: Address: City-St-Zip:	PRES ( ) Delete WEAVER, JAMES M 1534 NE 34TH STREET OAKLAND PARK, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete WEAVER, MARY ALICE 251 SHELLBANK DR LONGS, SC 29568		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition TOVORNIK, MARY ALICE 151 BUSBEE STREET CONWAY, SC 29526	
Title: Name: Address: City-St-Zip:	VP ( ) Delete WEAVER, RICHARD S 3216 CANAL DR APT A POMPANO BEACH, FL 3	33062	Title: Name: Address: City-St-Zip:	()Change ()Addition	
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.

SIGNATURE: JAMES M. WEAVER

PRES

04/27/2006