


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K25069 1. Entity Name GRC, INC.	
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Principal Place of Business 2301 SW 66TH TERRACE SUITE 5 DAVIE, FL 33317	Mailing Address P.O. BOX 552350 FORT LAUDERDALE, FL 33355
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DO NOT WRITE IN THIS SPACE

FILED
06 MAY 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0053824	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

RYAN, JEFFREY T
5273 SW 106TH AVE
FORT LAUDERDALE, FL 33328

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 Fee	600075093876 05/23/06--01030--004 ***350.00 250.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, JEFFREY 5273 SW 106TH AVE FORT LAUDERDALE, FL 33328
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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:  4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #