

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90033 037 ***150.00

DOCUMENT # K35459
 1. Entity Name
COMANCHE GROVES, INC.



Principal Place of Business: 1300 HARTMAN RD, FT PIERCE, FL 34947-1406
 Mailing Address: 1300 HARTMAN RD, FT PIERCE, FL 34947-1406

20006714



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02082007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0080008
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOELKE, JOSEPH H. JR.
 2504 GRAY TWIG LN
 FT PIERCE, FL 34981

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAIRD, KATHRYN N.	
STREET ADDRESS	2871 HAWTHORNE DR NE	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOELKE, CHARLES J.	
STREET ADDRESS	16 PERTH DR	
CITY-ST-ZIP	WILMINGTON, DE 198032627	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOELKE, JOSPEH H., JR.	
STREET ADDRESS	2504 GRAY TWIG LANE	
CITY-ST-ZIP	FT. PIERCE, FL 34981	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BECHT, BEVERLY N.	
STREET ADDRESS	4485 LAKE IVANHOE DR.	
CITY-ST-ZIP	TUCKER, GA 300842728	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOELKE, DENNIS J.	
STREET ADDRESS	1650 BELL AVENUE	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	189 Hunter Trail	
STREET ADDRESS	Southern Pines, NC	
CITY-ST-ZIP	28387	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5305 Deer Run Drive	
CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] PRESIDENT Date: 3/13/07 Daytime Phone #: 772-461-2560