2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 AN Secretary of State **DOCUMENT # K91967** 1. Entity Name CENTRAL GRADING, INC. Principal Place of Business Mailing Address 227 ORTIZ BLVD 227 ORTIZ BLVD NORTH PORT, FL 34287 US NORTH PORT, FL 34287 01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0122960 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HONG, JAMES E DO NOT WRITE 2403 HOMESTEAD CIR NORTH PORT, FL 34286 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 DATE (NOTE: Registered Agent signature regured when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees U00000712536 OFFICERS AND DIRECTORS 04/26/07-80052-003 150.00 10. PD TITLE HONG, BRADLEY J NAME STREET ADDRESS 227 ORTIZ BLVD. CITY-ST-ZIP NORTH PORT, FL 34287 TITLE HONG, JAMES E NAME STREET ADDRESS 2403 HOMESTEAD CIR CITY-ST-ZIP NORTH PORT, FL 34286 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

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 attact of first with an officers, with all other like empowered.

SIGNATURE:

STREET ADDRESS

SCHATURE AND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

941-391-2329

FILED

Daytime Phone #