2/10/2005-90190-022-$50.00-$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000044573

1. Entity Name
GRAND PRODUCTS WORLDWIDE, LLC

Principal Place of Business	Mailing Address
600 ESSEX AVENUE DELAND, FL 32720	600 ESSEX AVENUE DELAND, FL 32720

01172005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1601 Essex Avenue		1601 Essex Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: De Land, FL. 32724		City & State: De Land, FL. 32724	
Zip: 32724	Country: USA	Zip: 32724	Country: USA

4. FEI Number: 14-191 0390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUER, KIRK T 223 S. WOODLAND BLVD. DELAND, FL 32724	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Matthew Overholser 1600 Essex Avenue ~~DeLand, FL. 32724~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jerome "Jerry" Bullis 1601 Essex Avenue ~~DeLand, FL. 32724~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jerome Bullis   Jan. 19, 05   386-736-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #