

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08307

FILED
Jan 21, 2008
Secretary of State

Entity Name: GRACE NICOLE, INC.

Current Principal Place of Business:

4189 WEST GULF TO LAKE HIGHWAY
LECANTO, FL 34461 US

New Principal Place of Business:

2734 W. SUNRISE STREET
LECANTO, FL 34461 US

Current Mailing Address:

4189 WEST GULF TO LAKE HIGHWAY
LECANTO, FL 34461 US

New Mailing Address:

2734 W. SUNRISE STREET
LECANTO, FL 34461 US

FEI Number: 59-2964512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRONE, JOSEPHINE
4189 WEST GULF TO LAKE HIGHWAY
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

PERRONE, JOSEPHINE
2734 W. SUNRISE STREET
LECANTO, FL 34461 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: JOSEPHINE PERRONE

01/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRONE, JOSEPHINE MRS
Address: 4189 WEST GULF TO LAKE HIGHWAY
City-St-Zip: LECANTO, FL 34461 US

Title: X () Delete
Name: XXXXXX, XXXX
Address: XXXX
City-St-Zip: XXXXXX, XX XXXXX US

Title: X () Delete
Name: XXXXXX, XXXX
Address: XXXX
City-St-Zip: XXXXXX, XX XXXXX US

Title: X () Delete
Name: XXXXXX, XXXX
Address: XXXX
City-St-Zip: XXXXXX, XX 00000 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERRONE, JOSEPHINE MRS
Address: 2734 W SUNRISE STREET
City-St-Zip: LECANTO, FL 34461 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPHINE PERRONE

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date