2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L52992

Entity Name: GRACE PROSTHETIC FABRICATION, INC.

Current Principal Place of Business:

7928 RUTILIO CT
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

7928 RUTILIO CT
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 59-2991443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACE, GLENA C.
11419 OLIVE BRANCH CT
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRACE, WILLIAM E., I, I
Address: 7000 HUMMINGBIRD LANE
City-St-Zip: NEW PORT RICHEY, FL

Title: C ( ) Delete
Name: GRACE, BILLY E.,
Address: 11419 OLIVE BRANCH COURT
City-St-Zip: NEW PORT RICHEY, FL

Title: TS ( ) Delete
Name: GRACE, GLENA C.,
Address: 11419 OLIVE BRANCH COURT
City-St-Zip: NEW PORT RICHEY, FL

Title: VP ( ) Delete
Name: CULVER, ANTHONY
Address: 10021 LIVING WORD CT
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: GRACE, GLENA C. TS 04/13/2005

Electronic Signature of Signing Officer or Director Date