

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90339 015 ****61.25

DOCUMENT # N03000000315					
1. Entity Name PHILIPPINE GRACE, INC.					
Principal Place of Business 305 S NORTH LAKE BLVD, STE 1002 ALTAMONTE SPRINGS, FL 32701-5246			Mailing Address 305 S NORTH LAKE BLVD, STE 1002 ALTAMONTE SPRINGS, FL 32701-5246		
2. Principal Place of Business 4653 CASON COVE DR.		3. Mailing Address 4653 CASON COVE DR.		04082004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. 2724		Suite, Apt. #, etc. 2724		4. FEI Number	
City & State ORLANDO, FL		City & State ORLANDO, FL		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32811		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, RICHARD 305 S NORTH LAKE BLVD, STE 1002 ALTAMONTE SPRINGS, FL 32701-5246			7. Name and Address of New Registered Agent Name: JORDAN, RICHARD Street Address (P.O. Box Number is Not Acceptable): 4653 CASON COVE DR. 2724 City: ORLANDO FL Zip Code: 32811		
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: <u>RICHARD JORDAN / DIRECTOR</u> <i>Richard Jordan</i> DATE: <u>4-20-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: D <input type="checkbox"/> Delete NAME: JORDAN, RICHARD STREET ADDRESS: 305 S NORTH LAKE BLVD, STE 1002 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 327015246	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: D <input type="checkbox"/> Delete NAME: ROSALES, GENOVEVA STREET ADDRESS: 723 GOMBURZA ST, GUINAYANGAN, QUEZON CITY-ST-ZIP: PHILIPPINES, 2319	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: D <input type="checkbox"/> Delete NAME: JORDAN, JUDITH STREET ADDRESS: 305 S NORTH LAKE BLVD, STE 1002 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 327015246	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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12. 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 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 617, 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: <u>Richard Jordan</u> <i>Richard Jordan</i> DATE: <u>APRIL 20, 2004</u> (407) 426-7191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					