2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003392

Entity Name: TASTE OF GRACE II, INC.

FILED Apr 30, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

4506 47TH CT

VERO BEACH, FL 32967

Current Mailing Address: New Mailing Address:

4506 47TH CT VERO BEACH, FL 32967

FEI Number: 06-1651021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUCKNER, TERESA A 4506 47TH CT

VERO BEACH, FL 32967 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 BUCKNER, TERASA A
 Name:
 BUCKNER, TERESA A

 Address:
 4506 47TH CT
 Address:
 4506 47TH CT

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32967

Title: DT () Delete Title: () Change () Addition

 Name:
 BELL, LEE A
 Name:

 Address:
 3304 AVE J
 Address:

 City-St-Zip:
 FT PIERCE, FL 32947
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 WOOD, CHRISTINE N
 Name:

 Address:
 5845 23RD ST
 Address:

 City-St-Zip:
 VERO BEACH, FL 32966
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA A. BUCKNER DP 04/30/2007