


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005205	
1. Entity Name THE FIRST MIXED GRAND ORIENT & MIXED GRAND CONCLAVE OF FLORIDA, INC.	

FILED
2006 NOV 16 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 156 NW 73RD STREET MIAMI, FL 33128	Mailing Address 430 NE 148 STREET MIAMI, FL 33161
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2. Principal Place of Business 156 NW 73rd STREET Suite, Apt. #, etc.	3. Mailing Address 430 NE 148 STREET Suite, Apt. #, etc.
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09132006 Chg-NP CR2E037 (4/06)

City & State MIAMI, FLORIDA	City & State MIAMI FLORIDA
Zip 33128	Country DADE
Zip 33161	Country NORTH MIAMI

4. FEI Number 26-0113396	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GERMAIN, CLAUDE H 430 NE 148 STREET MIAMI, FL-33161	7. Name and Address of New Registered Agent Name CLAUDE HERVEY GERMAIN Street Address (P.O. Box Number is Not Acceptable) 430 NE 148 STREET 430 NE 148 STREET City MIAMI FL Zip Code 33161
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC GERMAIN, CLAUDE H PO BOX 381793 MIAMI, FL 331381793 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NINA MILHOMME (GS) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.OBOX 381793 MIAMI, FLORIDA 3328-1793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM GABO, ERNST <input checked="" type="checkbox"/> Delete PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAND DEPUTE MASTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JESSIE RIGAUD P.O.BOX 381793 MIAMI FLORIDA 33238-1793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GO GABRIEL, JEAN E <input type="checkbox"/> Delete PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESEOSARES CLAUDE GERMAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O.BOX 381793 MIAMI, FLORIDA 33238-1793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GPS ESTIME, SITHO <input type="checkbox"/> Delete PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080209313 09/29/06--01055--012 **75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGS LOUIS, ALAIN X VI <input type="checkbox"/> Delete PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 11/10/06 REINSTATEMENT 06 300080209313 11/21/06--01009--006 **170.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: CLAUDE HERVEY GERMAIN	109/20/06	Date	9/20/06	Daytime Phone #	303-1328
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Per conversation with GC Claude Germain Add (M) beside ESEOSARES