

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005332

FILED
Apr 27, 2005
Secretary of State

Entity Name: GRIND FOR LIFE, INC.

Current Principal Place of Business:

3012 CLYDE RD.
WEST PALM BEACH, FL 33405

New Principal Place of Business:

2023 N. ATLANTIC AVE #236
COCOA BEACH, FL 32931

Current Mailing Address:

3012 CLYDE RD.
WEST PALM BEACH, FL 33405

New Mailing Address:

2023 N. ATLANTIC AVE #236
COCOA BEACH, FL 32931

FEI Number: 81-0654128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGERS, MICHAEL
Address: 3012 CLYDE RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VST () Delete
Name: GRESKO, JILL D
Address: 3012 CLYDE RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: STEELE, JENNIFER
Address: 3012 CLYDE RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: MCCRANELS, SCOTT DR.
Address: 3012 CLYDE RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D (X) Delete
Name: MARINAK, STEVE
Address: 3012 CLYDE RD.
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGERS, MICHAEL
Address: 2023 N. ATLANTIC AVE #236
City-St-Zip: COCOA BEACH, FL 32931

Title: VST (X) Change () Addition
Name: GRESKO, JILL D
Address: 2023 N. ATLANTIC AVE. #236
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change () Addition
Name: STEELE, JENNIFER
Address: 641 EDDY ST
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: MCCRANELS, SCOTT DR.
Address: 220 ARKONA CT
City-St-Zip: WEST PALM BEACH, FL 33401

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL D GRESKO

VST

04/27/2005

Electronic Signature of Signing Officer or Director

Date