




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000007823</b> 1. Entity Name <b>THE GRANDVIEW PRIDE FOUNDATION, INC.</b>						<b>FILED</b> <b>07 SEP 19 PM 4:59</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>
Principal Place of Business <b>360 SPANISH RIVER BLVD NW</b> <b>BOCA RATON, FL 33431</b>		Mailing Address <b>360 SPANISH RIVER BLVD NW</b> <b>BOCA RATON, FL 33431</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		08162007 Chg-NP CR2E037 (12/06)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>APPLIED FOR</b>		
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable		
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Country		Country		6. Name and Address of Current Registered Agent		
<b>RENTAS, BRYAN</b> <b>360 SPANISH RIVER BLVD NW</b> <b>BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent				
		Name <b>MARC LEVINSON</b>				
		Street Address (P.O. Box Number is Not Acceptable) <b>360 Spanish River Blvd NW</b>				
		City <b>BOCA RATON</b>				
		<b>FL</b>		Zip Code <b>33431</b>		
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><i>Marc Levinson</i></u>				DATE <u>8/29/07</u>		
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
Make check payable to Florida Department of State						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RENTAS, BRYAN</b> <b>360 SPANISH RIVER BLVD NW</b> <b>BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARC LEVINSON</b> <b>360 SPANISH RIVER BLVD NW</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600110232826</b> <b>10/03/07--01032--020 **61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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: <u><i>Marc Levinson</i></u>				DATE: <u>8/29/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date Daytime Phone #</small>						