2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# N05000008906

Entity Name: THE GRAPKOSKI FOUNDATION, INC.

Current Principal Place of Business:

5364 EHRLICH RD.
SUITE 50
TAMPA, FL 33624

New Principal Place of Business:

301 W. PLATT ST.
SUITE 398
TAMPA, FL 33606

Current Mailing Address:

5364 EHRLICH RD.
SUITE 50
TAMPA, FL 33624

New Mailing Address:

301 W. PLATT ST
SUITE 398
TAMPA, FL 336

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAHAM, DAVID J
5364 EHRLICH RD.
SUITE 50
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

GRAHAM, DAVID J
301 W PLATT ST
SUITE 398
TAMPA, FL 33606 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: _____ 09/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: GRAHAM, DAVID J
Address: 5364 EHRLICH RD. SUITE 50
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete
Name: MATHEW, JONES M ESQ.
Address: 10101 WEST BELL RD. SUITE 101
City-St-Zip: SUN CITY, AZ 85351

Title: VP ( ) Delete
Name: SCHANTZ, STIMSON P M.D.
Address: 310 EAST 14TH ST.
City-St-Zip: NEW YORK CITY, NY 10003

Title: VP ( ) Delete
Name: GRAHAM, ALEX J
Address: 275 BAYSHORE BLVD. UNIT 1004
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: GRAHAM, STASH J
Address: 200 FRANDORSON CIRCLE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP ( ) Delete
Name: GRAHAM, SAGE C
Address: 5007 HARRINGTON CT.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GRAHAM, DAVID J
Address: 301 W PLATT ST SUITE 398
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: DAVID J GRAHAM P 09/06/2006
Electronic Signature of Signing Officer or Director — Date