2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001467

Title:

Name:

Address:

City-St-Zip:

FILED May 07, 2008 Secretary of State

Entity Name: ACTION BY GRACE INC.			
Current Principal Place of Business:		New Principal Place of Business:	
371 TORTU MELBOURI	JGA WAY NE, FL 32904		
Current Mailing Address:		New Mailing Address:	
P.O BOX 121179 MELBOURNE, FL 32912		P.O BOX 121716 - 1716 MELBOURNE, FL 32912	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the		nber Not Applicable () he prior notice. Name and Address of N	Certificate of Status Desired (X) ew Registered Agent:
	IGA WAY NE, FL 32904 US named entity submits this statement for the purpose o	f changing its registered of	fice or registered agent, or both,
SIGNATUR			
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete SAINTELUS, GARY 371 TORTUGA WAY MELBOURNE, FL 32904	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	A/S () Delete METAYER, ALIX 1008HUBBEL RD BRADENTON, FL 34208	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	A/S () Delete SAINTELUS, ELIZA 371TORTUGA WAY MELBOURNE, FL 32904	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete SAINTELUS, ELIZA 371 TORTUGA WAY MELBOURNE, FL 32904	Title: () Name: Address: City-St-Zip:	Change () Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARY SAINTELUS D 05/07/2008

() Delete

ISMA, ANTOIN

MIAMI, FL 33162

801 N.E. 163 STREET

() Change () Addition