


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90069 001 ****61.25

DOCUMENT # N41242 1. Entity Name GROVE OUTREACH, INC.	
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Principal Place of Business ST HUGH CHURCH 3460 ROYAL ROAD MIAMI, FL 33133	Mailing Address ST HUGH CHURCH 3460 ROYAL ROAD MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0917275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent J. PATRICK FITZGERALD P.A. 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, GEORGE FR 3460 ROYAL ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BARDINO, JOSE FR. 3460 ROYAL ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEMICK, HERMAN 5310 ALHAMBRA CIRCLE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDUNCIN, ANGEL 9241 SW 70 ST. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLEGO, MATTHEW 2750 SW 22 AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Cambo</i> DEL CAMBO, MARIN ELENA 4101 PINETREE DRIVE, #1819 MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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: *M Gary Gani* **305-443-9162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #