2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# N99000006609

Entity Name: GRUBSTAKE RESOURCES FOR RECOVERY, INC.

Current Principal Place of Business:

2401 N MIAMI AVE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

2401 N MIAMI AVE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0954413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

KLINKER, HEATHER
820 THRID STREET
MIAMI BEACH, FL 33139 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: DP ( ) Delete
Name: KLINDER, HEATHER A
Address: 3509 N.E. SECOND AVE.
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: SIMONE, ANA DR
Address: 7600 RED ROAD
City-St-Zip: MIAMI, FL 33136

Title: DS ( ) Delete
Name: DUNN, LIZ
Address: 317 24TH STREET
City-St-Zip: MIAMI, FL 33137

Title: DT ( ) Delete
Name: MARSHALL, KELLY
Address: 820 THIRD STREET
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HEATHER KLINKER PRES 08/22/2007

Electronic Signature of Signing Officer or Director — Date