

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000025068

1. Entity Name  
 GRACE UNLIMITED, INC.



Principal Place of Business  
 8335 40TH AVE. NORTH  
 SAINT PETERSBURG, FL 33709

Mailing Address  
 8335 40TH AVE. NORTH  
 SAINT PETERSBURG, FL 33709



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3631071 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, PATRICIA  
 8335 40TH AVE. NORTH  
 SAINT PETERSBURG, FL 33709

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

110000464763  
 03/22/06 80008-022 150.00

10. OFFICERS AND DIRECTORS

TITLE: PSTD  
 NAME: WAGNER, PATRICIA A  
 STREET ADDRESS: 8335 40TH AVE. NORTH  
 CITY-ST-ZIP: SAINT PETERSBURG, FL 33709

TITLE  
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 CITY-ST-ZIP

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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 607, 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: *Patricia Wagner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06 727-344-0315  
 Date Daytime Phone #