2008 FOR PROFIT CORPORATION

Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P00000032543 1. Entity Name GRACELYN OF PASCO, INC. Principal Place of Business Mailing Address **5715 BROADWAY AVE NEW PORT RICHEY, FL 34652** No Chg-P CR2E034 (11/05) 04232008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3635732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSTON, GREG DO NOT WRITE 5715 BROADWAY AVE NEW PORT RICHEY, FL 34652 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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000925<u>7</u>26 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JOHNSTON, GREG 5715 BROADWAY AVE STREET ADDRESS CiTY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information scapplied with his 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 of true fee impowered 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED