2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT S Harrell

FILED Feb 22, 2007 8:00 am Secretary of State

1.26.01

DOCUMENT # P0000052592 1. Entity Name GRANT STREET CORPORATION								~	02-22-2007	_		
Principal Place of Business M.				ling Address			\neg					
5300 SOUTH ORANGE AVENUE ORLANDO, FL 32809				00 South Orange Lando, FL 32809			4 18 01 1881 111 0	516 S 2 111 OSTIN SSIN SS	II ÆBIBJ BKID ti	29) Bii(8 Bi)B	IN es II 200 1	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01242007	Chg-P	CR2E0	34 (12/06)	
City & State				ty & State			4. FEI Number 59-3706	225			optied For ot Applicable	
Zip	Country		Zi	Zip Cour		try		S. Certificate of Status Desired				
6. Name and Address of Current Regist				stered Agent Name			- 1	7. Name and Address of New Registered Agent				
HARRELL, ROBERT S 5300 SOUTH ORANGE AVENUE ORLANDO, FL 32809							ss (P	O. Box Number	is Not Acceptable	-1		
						Street Address		.O. BOX NUMBER				
					City	FL Zip Code						
The above named entity submits this statement for the purpose of changing its registere							istere	d agent, or both	, in the State of Flo		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												
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.							\$5.0 Adde	00 May Be d to Fees				
10.	OFFICERS AND DIR						ADDITIONS/C	HANGES TO OFF	ICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ROBERT JTH ORANGE AVENU O, FL 32809	ΙE	☐ Delete							☐ Change	☐ Addition
TITLE	T			☐ Delete	TITLI				*******		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HARRELL, ROBERT S 5300 SOUTH ORANGE STREET ORLANDO, FL 32809					TT ADDRESS	530	00 South	Orange A	venue		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUHOLZ, 5300 SOL ORLANDO	☐ Oelete			Suho 530	olz, Pau 00 South	l Orange A	venue	_X Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-Z#P				☐ Delete		i					☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E Et address - St- Zip					☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 veceiver or trustee empowered to execute the 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 at other like impowered.												