


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90440 005 \*\*\*150.00

<b>DOCUMENT # P00000064473</b>	
1. Entity Name GRAND ENTERPRYZES INTERNATIONAL, INC.	

Principal Place of Business 4047 OKEECHOBEE BLVD. STE. 211 WEST PALM BEACH, FL 33409	Mailing Address 4047 OKEECHOBEE BLVD. STE. 211 WEST PALM BEACH, FL 33409
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**50016022**



2. Principal Place of Business 23935 Congress Ave Suite, Apt. #, etc. Suite 200 #42 City & State West Palm Beach Zip 33406 Country USA	3. Mailing Address 23935 Congress Ave Suite, Apt. #, etc. Suite 200 - #42 City & State West Palm Beach Zip 33406 Country USA
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04212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent GRAND-TENNYSON, CHRISTINA 4047 OKEECHOBEE BLVD. STE. 211 WEST PALM BEACH, FL 33409	
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4. FEI Number 65-1024083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Christina Grand</u> DATE <u>4/20/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAND-TENNYSON, CHRISTINA 4047 OKEECHOBEE BLVD., STE. 211 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAND, KOREYAH 4047 OKEECHOBEE BLVD., STE. 211 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAND, RYKKEYYIA 4047 OKEECHOBEE BLVD., STE. 211 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVP TENNYSON, DEON 4047 OKEECHOBEE BLVD., STE. 211 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Christina Grand</u> DATE <u>4/20/06</u> DAYTIME PHONE # <u>561-248-8800</u>	