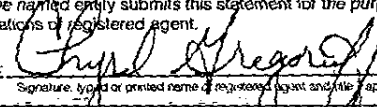
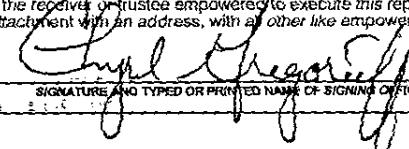


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000085197 1. Entity Name GREGORIEFF, INC.			
Principal Place of Business 636 NORTH LAKE BLVD TARPON SPRINGS, FL 34689		Mailing Address 636 NORTH LAKE BLVD TARPON SPRINGS, FL 34689	
DO NOT WRITE IN THIS SPACE			
			
		01102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3681908	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORIEFF, CHYREL 636 NORTH LAKE BLVD TARPON SPRINGS, FL 34689		DO NOT WRITE IN THIS SPACE	
6. 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: 1-10-06	
Signature, typed or printed name of registered agent and title, applicable		(NOTE: Registered Agent signature required when releasing)	
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	
		U00000385527 01/18/06-80018-023 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	GREGORIEFF, KONSTANTINE		
STREET ADDRESS	636 NORTH LAKE BLVD		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
TITLE	VS		
NAME	GREGORIEFF, CHYREL		
STREET ADDRESS	636 NORTH LAKE BLVD		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		DATE: 1-10-06 727) 945-9459	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	