


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90152 041 ***150.00

DOCUMENT # P01000002805 1. Entity Name GRIEF GUIDANCE, INC.	
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Principal Place of Business 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407	Mailing Address 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country



02092006	Chg-P	CR2E034 (11/05)
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4. FEI Number 65-1065906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAMON, CONRAD ESQ 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	PVST CAMMARATA, DOREEN <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4420 BEACON CIRCLE 100	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

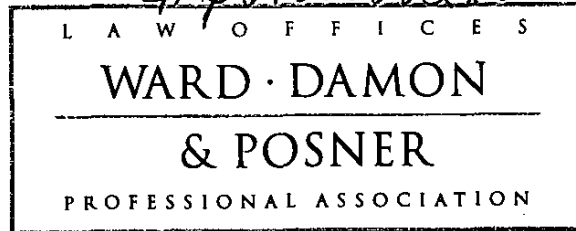
SIGNATURE: *DoREEN CAMMARATA* 3/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#1010000202005 =

40027060



Conrad Damon
E-mail: cdamon@warddamon.com

4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
TEL: (561) 842-3000 • FAX: (561) 842-3626

March 7, 2006

Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Grief Guidance, Inc.

To Whom It May Concern:

Enclosed please find the 2006 Uniform Business Report for the above-referenced corporation along with our firm's check for \$150.00 for filing the Report.

Very truly yours,

Geri Jenkins,
Legal Assistant to Conrad Damon

CD/gaj
Enclosures

cc: Doreen Cammarata

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