

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/21

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Feb 17, 2006 8:00 am
Secretary of State

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DOCUMENT # P01000005627
1. Entity Name
GRL MANAGEMENT, INC.



Principal Place of Business
1220 TANGELO TERR
DELRAY BEACH, FL 33444

Mailing Address
1220 TANGELO TERR
SUITE A-10
DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084122

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MERLO, ANDREW P.A.
2101 CORPORATE BLVD, STE 325
BOCA RATON, FL 33431

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUTKE, GARY
STREET ADDRESS	1220 TANGELO TERR
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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