

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022062

Entity Name: GRASSROOTSEV.COM, INC.

FILED  
Sep 07, 2005  
Secretary of State

**Current Principal Place of Business:**

1918 S 34 STREET  
FT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

2844 STIRLING RD  
SUITE I  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1918 S 34 STREET  
FT PIERCE, FL 34947

FEI Number: 26-1270651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARINELLO, HENRY E ESQ  
9890 SW 136 STREET  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CLUNN, STEVE MR.  
Address: 1918 S 34TH STREET  
City-St-Zip: FT PIERCE, FL 34947

Title: SECR ( ) Delete  
Name: HALLQUIST, JON M MR.  
Address: 2844 STIRLING RD  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR (X) Change ( ) Addition  
Name: HALLQUIST, JON M MR.  
Address: 1918 S. 34TH ST.  
City-St-Zip: FORT PIERCE, FL 34947

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE CLUNN

PRES

09/07/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date