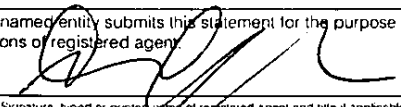
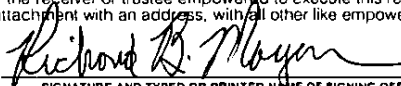


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90069 011 ***158.75

DOCUMENT # P01000061307 1. Entity Name GROUT OF SIGHT, INC.			
Principal Place of Business 504 MARYLAND AVE. CRYSTAL BEACH, FL 34681		Mailing Address PO BOX 817 CRYSTAL BEACH, FL 34681-0817	
2. Principal Place of Business - No P.O. Box # 39528 Richland Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 905 Suite, Apt. #, etc.	
City & State Zephyrhills Zip 33540 Country Pasco		City & State Zephyrhills Zip 33539 Country Pasco	
4. FEI Number 59-3725626		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		02202007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent NAUMANN, KENNETH SCOTT 504 MARYLAND AVE. CRYSTAL BEACH, FL 34681		7. Name and Address of New Registered Agent Name David J. Wollinka Street Address (P.O. Box Number is Not Acceptable) 3204 Alternate 19 N. City Palm Harbor FL Zip Code 34683	
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 		David J. Wollinka 2/21/07 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NAUMANN, KENNETH SCOTT ☒ Delete PO BOX 817 CRYSTAL BEACH, FL 346810817	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		Richard B. Morgan, Pres. 2/21/07 727-430-6628 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone	

40024410

