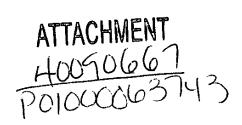
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2006 8:00 am Secretary of State 05-11-2006 90239 007 ***150.00

DOCUMENT # P0100063743 1. Entity Name MISS REBA GRACE, INC.									05-11-20	06 90239 0	07 ***15	0.00	
Principal Place of Business 301 W. OSCEOLA LANE COCOA BEACH, FL 32931			3	Mailing Address 301 W. OSCEOLA LANE COCOA BEACH, FL 32931				-	,				
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				05082006	Chg-P	CR2E0	34 (11/05)		
City & State			(City & State							plied For t Applicable		
Zip	Country		'	Zip Cou		itry	5. Certificate of Status Desire			Fee Required			
6. Name and Address of Current f				legistered Agent			7. Name and Address of New Registered Agent Name						
BROWN, GEORGE T 301 W. OSCEOLA LANE S COCOA BEACH, FL 32931							Street Address (P.O. Box Number is Not Acceptable)						
										FL	Zip Code	9	
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													
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIREC	DIRECTORS 11.				ADDITIONS	/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE	D BROWN,	DEDA C		Delete TITLE							Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	301 W O	SCEOLA LANE BEACH, FL 32931		STRE CITY-								,	
TITLE				☐ Delete TITLE			Vice	e Presia	dent T		☐ Change	Addition	
NAME STREET ADDRESS				NAN STR			Bro	re President T. Change Merown, George T. Town, George T. ON W. Osceola Lane coa Beach FL 32931			ļ		
CITY-ST-ZIP				CITY			Coc	oa Be	ach Fl	L 3293	: 1		
TITLE			☐ Delete	ĭπu	E			<u> </u>		☐ Change	Addition		
NAME STREET ADDRESS					MAM	ie Eet adoress							
CITY-ST-ZIP						-ST-ZIP							
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TITLE				☐ Delete	TITLI						Change	Addition	
NAME STREET ADDRESS	ODRESS .					eet address							
CITY-ST-ZIP				-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 of rustee 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.													
SIGNAT	URE:	SIGNATURE AND TYPED OR	RINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR			Dale	D	aytime Phone #		



May 9, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

REF: Miss Reba Grace, Inc.

P01000063743 59-3733256

To Whom It May Concern:

Please except our Corporate Annual Report fee, which is just over a week late. One of our boats was broken down out at sea. As you can see, in the past we've made our payments timely. We appreciate that you will overlook the late fee under these circumstances.

Thank you kindly in advance,

Miss Reba Grace, Inc.