


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90532 040 ***150.00

DOCUMENT # P01000086006		
1. Entity Name GRAHAM SERVICES INC.		

Principal Place of Business 8910 MIRAMAR PKWY #307 MIRAMAR, FL 33025	Mailing Address 8910 MIRAMAR PKWY #307 MIRAMAR, FL 33025
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50046126

2. Principal Place of Business 12012 Miramar Pkwy Suite, Apt. #, etc.	3. Mailing Address 12012 Miramar Pkwy Suite, Apt. #, etc.
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City & State Miramar, FL	City & State Miramar, FL
Zip 33025	Zip 33025
Country USA	Country USA



01182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0482060	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAHAM, ALVA 2322 SW 135 AVE MIRAMAR, FL 33027		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: _____ DATE: **4/29/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	<input checked="" type="checkbox"/> Delete	TITLE PRES/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENS, JOHN		NAME ALVA Graham	
STREET ADDRESS 8910 MIRAMAR PARKWAY #307		STREET ADDRESS 12012 Miramar Parkway	
CITY-ST-ZIP MIRAMAR, FL 33025		CITY-ST-ZIP MIRAMAR, FL 33025	
TITLE	<input type="checkbox"/> Delete	TITLE VP 1ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME John Stephens	
STREET ADDRESS		STREET ADDRESS 12012 Miramar Parkway	
CITY-ST-ZIP		CITY-ST-ZIP MIRAMAR, FL 33025	
TITLE	<input type="checkbox"/> Delete	TITLE VP 2ND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME ANGELA GRAHAM	
STREET ADDRESS		STREET ADDRESS 12012 MIRAMAR PARKWAY	
CITY-ST-ZIP		CITY-ST-ZIP MIRAMAR FL 33025	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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 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: _____ DATE: **4/29/05** DAYTIME PHONE: **786-357-7116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR