## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P01000102214   1. GRID/Hallow   GROUP, INC.							_					
Second Part   1	1. Entity Name							1 <b>~</b>				
Second Part   1		Principal Place	of Business	Mailing Address					<b>5</b>	00182	59	
Sulle, Apl. #, etc.    Sulle, Apl. #, etc.   Sulle, Apl. #, etc.   Q4272008   Chg.P   CR2E034 (1105)   Chiy & State   Ciy & State   Sp. 37506565   No. Applicable for Sp. 375065												
Sullie, Apl. #, etc.    Sullie, Apl. #, etc.   Sullie   S												
City & State	2. Principal Place of Business			3. Mailing Address				]				
Sp. 3750856   Not Applicable   Sp. 3750856   Not Applicable   Sp. 3750856   Sp. 3750	Suite, Apt. #, etc.								CR2E0			
Second   County   Zo	City & State			City & State						1		
Name   Street Address (P.O. Box Number is Not Acceptable)		Zip	Country	Zip	Zip Country					\$8.75 Add	itional	
Street Address (P.O. Box Number is Not Acceptable)	١	··.,	6. Name and Address of Current	t Registered Agent	Ť		7. Name and	Address of New I	Registered /	Agent		
Sirce   Address (P.O. Box Number is Not Acceptable)					Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am termiliar with, and accept the obligations of registered agent and tile # apparature.    SIGNATURE		5423 DYN/	ASTY DR			Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits his 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, hyeref or privated raine of registered agent and till a spokeable   NOTE Registered Agent Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature, hyeref or privated raine of registered agent and till a spokeable   NOTE Registered Agent Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.    Signature, hyer of registered agent.   DATE	1 21000000, 1 2 02004											
THE HOWITH FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS  ITILE NAME FOGG, JOHN R STREEL ADDRESS CITY-ST-2P  ITILE NAME SIRELE			• •		City		•	FL	Zip Code	)		
SIGNATURE   Signalum, speed or printed name of registered agent and the if appacable   (NOTE: Registered Agent signalure required when namestating)   DATE	ľ			or the purpose of changing its re	egistere	d office or regis	tered agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept	
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Eloction Campeign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE P 2		ine obligati	inganoris or registered agent.									
### FILE NOWIII: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Frust Fund Contribution.   \$5.00 May Be Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1    TITLE   P		SIGNATURE_	Signature, typed or printed name of registered ager	n and title if applicable. (NOTE:	I Agent signature requ	ired when reinstating)	1.00	DATE				
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME FOGG; JOHN R SIREEL ADDRESS 5422 DYNASTY DR CITY-S1-ZIP  ITILE ST DEBET ADDRESS CITY-S1-ZIP  ITILE NAME FOGG, PATRICIA L SIREEL ADDRESS CITY-S1-ZIP  ITILE NAME SIREEL ADDRESS SIREEL ADDRESS CITY-S1-ZIP  ITILE NAME SIREEL ADDRESS SI												
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12. I hereby certify that the information supplied with this filing does not qualify to 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 empowared 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!

CITY-ST-ZIP