

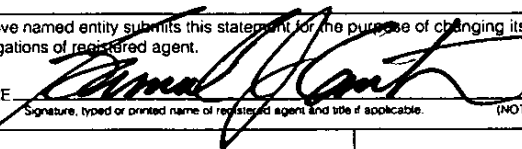


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90015 022 ***150.00

DOCUMENT # P01000103415					
1. Entity Name GRAND WORKS CORP.					
Principal Place of Business C/O SAMUEL J. CANTOR, P.A. 6700 BROKEN SOUND PKWY NW #200 BOCA RATON, FL 33487			Mailing Address C/O SAMUEL J. CANTOR, P.A. 6700 BROKEN SOUND PKWY NW #200 BOCA RATON, FL 33487		
2. Principal Place of Business 2499 Glades Road		3. Mailing Address 2499 Glades Road			
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210		01112006 Chg-P CR2E034 (11/05)	
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-1140773	
Zip 33431		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTOR, SAMUEL J C/O SAMUEL J. CANTOR, P.A. 6700 BROKEN SOUND PKWY NW #200 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Samuel J. Cantor Street Address (P.O. Box Number is Not Acceptable) 2499 Glades Road, Suite 210 City Boca Raton FL Zip Code 33431	
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 1/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROSEN, IRA J 1844 N NOB HILL ROAD STE 304 PLANTATION, FL 33322				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROSEN, DAVID I 1844 N NOB HILL ROAD STE 304 PLANTATION, FL 33322				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>IRA JEFFREY ROSEN (IRA JEFFREY ROSEN)</u> <u>2/4/06 9543707069</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					