2006 FOR PROFIT CORPORATION

ANNUAL REPORT



05-01-2006 90361 035 ***150 00 DOCUMENT # P01000121554 **GRAYDAN INDUSTRIES CORPORATION** 40073790 Principal Place of Business Mailing Address 128/228 1031 IVES DAIRY RD 128/228 1031 IVES DAIRY RD #225 #225 MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04242006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 01-0660713 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MBATU, GODWIN O Street Address (P.O. Box Number is Not Acceptable) 128/228 1031 IVES DAIRY RD MIAMI, FL 33179 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change Addition TITLE MALE MTARU GODWIN O O NAME STREET ADDRESS STREET ADDRESS 1031 IVES DAIRY RD, # 225 MIAMI, FL 33179 CITY-ST-ZIP CITY-\$1-ZIP SD Delete ☐ Chance TITLE ☐ Addition TITLE MBATU, COMFORT C NAME NAME 1031 IVES DAIRY RD, # 225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STIFFT ADDRESS C. - ST-ZIP STREET ADDRESS CITY-ST-ZIP III'E NAME Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

FILED

May 01, 2006 8:00 am Secretary of State