

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029105

Entity Name: GRACE DESIGNS, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1065 SILVER BEACH RD #58
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

1065 SILVER BEACH RD #58
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 30-0067684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAS, FREDERICK G
303 KELSEY PARK CIR
PALM BCH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAAS, FREDERICK G
Address: 303 KELSEY PARK CIR
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: VP () Delete
Name: HAAS, JACQUELINE M
Address: 303 KELSEY PARK CIR
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D () Delete
Name: GRACE HAAS, NATALIE
Address: 303 KELSEY PARK CIR
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D () Delete
Name: HAAS, CHRISTOPHER G
Address: 303 KELSEY PARK CIR
City-St-Zip: PALM BCH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK HAAS

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date