FILED

2003 FOR PROFIT CORPORATION

Jul 17, 2003 8:00 am UNIFORM BUSINESS REPORT/(UBR) **Secretary of State** DOCUMENT # P02000029105 07-17-2003 90033 040 ***550.00 1. Entity Name GRACE DESIGNS, INC. Principal Place of Business Mailing Address 1065 SILVER BEACH RD #58 1065 SILVER BEACH RD #58 LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 30-0067684 Not Applicable Zip Country Zip Country \$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 Name HAAS, FREDERICK G Street Address (P.O. Box Number is Not Acceptable) 303 KELSEY PARK CIR PALM BCH GARDENS FL 33410 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete YICE PRESIDENT ☐ Change Addition NAME HAAS, FREDERICK G NAME JACQUELINE M. HAAS 303 KELSEY PARK CIRCLE 303 KELSEY PARK CIR STREET ADDRESS STREET ADDRESS PALMECH GARDENS FL 33410 PALM BCH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE 12 3000 NOTHALIE GRACE HOAS 34 4 4 4 7 2 NAME NAME 303 KELSEY PARK CIECUS Q909 W (C) Control of the Control STREET ADDRESS STREET ADDRESS PAIM BEH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE DIRECTOR ☐ Change Addition ☐ Delete CHRISTOPHER G HAAS NAME NAME 13.13 303 KERSEY PARK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BOH FL 33410 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS