2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076372

Entity Name: P. L. GRIMM, INC.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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571 WOODLAND BAYOU DRIVE 453 SHELTER COVE DR.

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

Current Mailing Address: New Mailing Address:

571 WOODLAND BAYOU DRIVE 453 SHELTER COVE DR.

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

FEI Number: 33-1013079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIMM, PHILLIP L
571 WOODLAND BAYOU DRIVE
GRIMM, PHILLIP L
453 SHELTER COVE DR.

SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 US

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: 04/14/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 GRIMM, PHILLIP L
 Name:
 GRIMM, PHILLIP L

 Address:
 571 WOODLAND BAYOU DRIVE
 Address:
 453 SHELTER COVE DR.

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

Title: S () Delete Title: S (X) Change () Addition

 Name:
 GRIMM, DARLA K
 Name:
 GRIMM, DARLA K

 Address:
 571 WOODLAND BAYOU DRIVE
 Address:
 453 SHELTER COVE DR.

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

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: DARLA GRIMM S 04/14/2006