## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 14, 2007 8:00 am Secretary of State

DOCUMENT # P02000079567  1. Entity Name GRADING PRO, INC.				)	05-14-200	7 90078 044 ***1	50.00
Principal Place of Business  -1409 S.E. 1ST AVEREAR; -FORT_LAUDERDALE, FL 33316 -	P.G. BOX 2111 B- FORT LAUDERDALE, FL 33334				L	III <b>18</b> 11 1881 1881 1816 118 118 118 1	<b>14460</b> 1 († 1 <b>16</b> 1)
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7/5 SE 1/ Count 7777 GLADA			es RE				
Suite, Apt. #, etc. Suite, Apt. #, occ				04262007	Chg-P	CR2E034 (12/06)	
FT LAUD FC				4. FEI Numb		<b>├</b>	pplied For tot Applicable
333/5 Country 5	33434	Count	15	5. Certificate	of Status Desired	S8.75 Ad Fee Require	
6. Name and Address of Current R	egistered Agent		Name	7. Name and	Address of New F	Registered Agent	
ROSENDAHL, RICHARD			Street Address	<i>√D &amp;H C</i> (P.O. <u>Box N</u> umb	er iş Not Acceptabl	400 e)	
-REAR			_7/5_	_5=	11 60	un T	
M			City	IAUD		FL 婆娑	مر چ <sup>ا</sup>
The above named entity submits this statement for the obligations of registered agent.	the urpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Fl	orida. I am familiar with	, and accept
SIGNATURE Signature, typed or printed nume of registered agent an	BKHA		Rose (		<b></b>	4/26/07	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees							
10. OFFICERS AND D	DIRECTORS	11.	- 0	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	
NAME ROSENDAHL, RICHARD Delete TITLE			Ro	SENDA	AL RK	Change Change	Addition
· · · · · · · · · · · · · · · · · · ·			ST-ZIP	5 36	11 /00	77	,
TITLE	☐ Delete	TITLE	31-211	F7 4	AL, RK	☐ Change	Addition
NAME STREET ADDRESS	RESS STR				·		
CITY-S1-ZIP	спу						
TITLE NAME	☐ Delete TITLE NAM					☐ Change	Addition
STREET ADDRESS CITY-SI-ZIP							
TITLE	☐ Delete TiffLE					☐ Change	Addition
NAME STREET ADDRESS		NAME STREE	T ADDRESS				
CITY-ST-ZIP TITLE	☐ Defete	CITY-	ST-ZIP			Change	☐ Addition
NAME	□ Delete	NAME				change	
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS ST-ZIP				
TITLE NAME	☐ Delete	TITLE		-		☐ Change	Addition
STREET ADDRESS	•	STREE	ET ADDRESS				
12. I hereby certify that the information populed with the information of the second s		or the exe				I further certify that the	
indicated on this report or supplentifilal reportlis true and facturate 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/of upstate employment 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 efficience.							
SIGNATURE TO TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR BOJE OFFICER OR DIRECTOR							