2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 08:00 A Secretary of State

UAL REPORT	N. 13 5 18 18
00004192	
Mailing Address	
7345 DAVIS BLVD	
., .	
NAPLES, FL 34104	
	0004192 Mailing Address

CR2E034 (11/05) No Chg-P 02252008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 01-0762351 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUBERVILLE, BRUCE DO NOT WRITE 7345 DAVIS BLCS #1 NAPLES, FL 34104 IN THIS SPACE 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 it applicable (NOTE Registered Agen) signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD TITLE TUBERVILLE, KIM E NAME 000000847669 03/19/08-80029-011 150.00 STREET ADDRESS 6684 HUNTLEY LANE SOUTH C114-S1-Z1P NAPLES, FL 34104 VSD THILE TUBERVILLE, BRUCE NAME STREET ADDRESS 6684 HUNTLEY LANE SOUTH CITY-ST-ZIP NAPLES, FL 34104 NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fforda 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, Fforda Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all object to grampowered.

CIC	NATI	IDE.
SIG	NALL	JKE.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

2-29-08 (259) 35

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