


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000015487</b> 1. Entity Name GRACY'S GIFTS CORP.	
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Principal Place of Business 13786 SW 152 ST MIAMI, FL 33177	Mailing Address 9141 SW 156 CT MIAMI, FL 33196
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**DO NOT WRITE IN THIS SPACE**

07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0936727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MARTIN, ARNALDO L 9141 SW 156 CT MIAMI, FL 33196	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

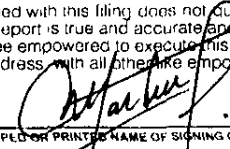
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting)  
09/05/06-80012-012 150.00  
000000576184  
DATE:

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MARTIN, ARNALDO MR. 9141 SW 156 CT MIAMI, FL 33196
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:**  **08-30-06 305-3830042**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #