
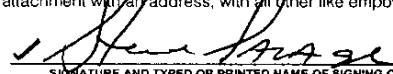


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90164 007 \*\*\*150.00

<b>DOCUMENT # P03000030855</b> 1. Entity Name <b>GRAYCE INC.</b>					
Principal Place of Business <b>216 SOUTH MAIN STREET BUSHNELL, FL 33513 US</b>			Mailing Address <b>216 SOUTH MAIN STREET BUSHNELL, FL 33513 US</b>		
2. Principal Place of Business <b>920 N Main Street</b>		3. Mailing Address <b>920 N Main Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<div style="display: flex; justify-content: space-between;"> <span>02152006 Chg-P CR2E034 (11/05)</span> </div>					
4. FEI Number <b>41-2085799</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BUTSAVAGE, ETHEL 19012 SANDALWOOD DR. WILDWOOD, FL 34785</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Steven Savage</b> Street Address (P.O. Box Number is Not Acceptable) <b>920 N Main Street</b> <b>Bushnell, FL 33513</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES GLADU, RICHARD 216 SOUTH MAIN STREET BUSHNELL, FL 33513</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA SAVAGE, STEVEN 216 SOUTH MAIN STREET BUSHNELL, FL 33513</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC GLADU, SANDI 216 SOUTH MAIN STREET BUSHNELL, FL 33513</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR SAVAGE, STEVEN 216 SOUTH MAIN STREET BUSHNELL, FL 33513</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
<div style="display: flex; justify-content: space-between;"> <span><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></span> <span><small>Date</small> <b>12-28-06</b></span> <span><small>Daytime Phone #</small> <b>352-569-0446</b></span> </div>					