


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90008 035 ***158.75

DOCUMENT # P03000085484

1. Entity Name
ONGRADE PERFORMANCE EARTH WORK, INC.



Principal Place of Business Mailing Address
17121 APRIL AVENUE **17121 APRIL AVENUE**
LABELLE, FL 33935 **LABELLE, FL 33935**


40005500

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01182007 Chg-P CR2E034 (12/06)

4. FEI Number
86-1076189 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ECKHART, JAY L
17121 APRIL AVENUE
LABELLE, FL 33935

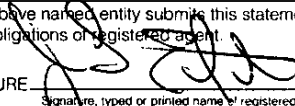
7. Name and Address of New Registered Agent

Name **Teresa Lundberg**

Street Address (P.O. Box Number is Not Acceptable)
17121 April Avenue, SW

City **Labelle** FL Zip Code **33935**

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  DATE **1-18-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUNDBERG, TERESA V 17121 APRIL AVENUE LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/owner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Teresa Lundberg 17121 April Avenue, SW Labelle, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKHART, JAY L 17121 APRIL AVENUE LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Teresa Lundberg** Date **1-18-07** Daytime Phone # **239-872-0763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR