

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-06-2007 90031 012 ***150.00

DOCUMENT # P03000119267 1. Entity Name GRASS ROOTS CREATIONS, INC.					
Principal Place of Business 2263 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904			Mailing Address 2263 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box # 5337 PROVOST DR Suite, Apt. #, etc.		3. Mailing Address 5337 PROVOST DR Suite, Apt. #, etc.			
City & State HOLIDAY FL 34690 Zip 34690		City & State HOLIDAY FL Zip 34690		4. FEI Number 16-1687001	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEPANTE, JOSEPH 2263 WEST NEW HAVEN AVE. MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 640 HIGH POINT CRT. City MERRITT ISLAND FL Zip Code 32952	
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DEPANTE, JOSEPH <input type="checkbox"/> Delete 2263 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH DEPANTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 640 HIGH POINT CRT. MERRITT ISLAND FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VITASSA, ROSEANN <input type="checkbox"/> Delete 2263 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSEANN VITASSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5337 PROVOST DR HOLIDAY, FL 34690	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APPLETON, KRISTEN <input type="checkbox"/> Delete 2263 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRISTEN APPLETON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 640 HIGH POINT CRT MERRITT ISLAND FL 32952	
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	
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	
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: <i>Joseph Depante</i> 4/3/07 321-508-3901 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					