
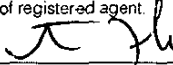
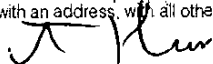


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 045 ***150.00

DOCUMENT # P03000140996 1. Entity Name GREYHAWK FINANCIAL, INC.																																			
Principal Place of Business 2699 STIRLING ROAD C306B FORT LAUDERDALE, FL 33312 US		Mailing Address C/O MARTIN FLUSS 16301 ANDALUCIA LN DELRAY BEACH, FL 33446 US																																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 14860 ENCLAVE PRESERVE CIRCLE # T5 DELRAY BEACH FL 33484 USA																																	
4. FEI Number 20-0600225		Applied For <input checked="" type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)																																	
6. Name and Address of Current Registered Agent FLUSS, MARTIN PRES. 16301 ANDALUCIA LANE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name FLUSS, MARTIN PRES. Street Address (P.O. Box Number is Not Acceptable) 14860 ENCLAVE PRESERVE CIRCLE # T5 City DELRAY BEACH FL Zip Code 33484																																	
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  MARTIN FLUSS - PRESIDENT DATE 8/01/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPS FLUSS, MARTIN 16301 ANDALUCIA LANE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FLUSS, MARTIN 16301 ANDALUCIA LANE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPS FLUSS, MARTIN 14860 ENCLAVE PRESERVE CIRCLE # T5 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FLUSS, MARTIN 14860 ENCLAVE PRESERVE CIRCLE # T5 DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:  MARTIN FLUSS DATE 8/01/2007 DAYTIME PHONE # 5616016863 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			

ATTACHMENT

40128606

RE: 2007 FOR PROFIT CORPORATION ANNUAL REPORT:

FOR DOCUMENT # P03000140996

GREYHAWK FINANCIAL INC.

DATE: AUGUST 3, 2007

ATTENTION: REPRESENTATIVE

I WOULD LIKE TO HAVE THE FEE OF \$400.00 WAIVED , SINCE I HAD NEVER RECEIVED A NOTICE FOR RENEWAL FOR PAYMENT. I ONLY RECEIVED A NOTICE IN AUGUST 2007. THEREFORE, PLEASE WAIVE THE FEE SINCE IT IS NOT MY FAULT FOR BEING LATE. I WILL ENCLOSE THE REGULAR PAYMENT OF \$150.00.

RESPECTFULLY YOURS;



MARTIN FLUSS (PRESIDENT) CELL: 561 601 6863