2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2006
Secretary of State

DOCUMENT# P03000147461

Entity Name: P. GRACE, INC.

Current Principal Place of Business:

801 S.UNIVERSITY DRIVE,
J-101
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

801 S.UNIVERSITY DRIVE
J-101
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-0535698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAO, ANTONIO
13255 SW 16TH COURT
#208
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PAO, ANTONIO	
Address:	13255 SW 16TH COURT #208	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	TSD	( ) Delete
Name:	PAO, CATHY R.L.	
Address:	13255 SW 16TH COURT #208	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	VP	( ) Delete
Name:	KAO, SHANG CHIH	
Address:	16799 GOLFVIEW DRIVE	
City-St-Zip:	WESTON, FL 33326	
Title:	VP	( ) Delete
Name:	KAO, ERIC ,SHANG W	
Address:	16799 GOLFVIEW DRIVE	
City-St-Zip:	WESTON, FL 33326	
Title:	SECT	( ) Delete
Name:	SHUANG DUN, LI SECRETA	
Address:	13255 SW 16 CT. 3208	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SECT	(X) Change ( ) Addition
Name:	LI, SHUANG DUN	
Address:	13255 SW 16 CT. #208	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	MANG	( ) Change (X) Addition
Name:	WONG, LEE W	
Address:	4601 NW 90 AVENUE	
City-St-Zip:	SUNRISE, FL 33351	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO PD 09/29/2006

Electronic Signature of Signing Officer or Director — Date