## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P04000019743** 04-30-2007 90480 009 \*\*\*150.00 GRACE CAPITAL ASSET MANAGEMENT, INC. 60045792 Principal Place of Business Mailing Address 6192 N FEDERAL HIGHWAY 6192 N FEDERAL HIGHWAY BOCA RATON, FL 33487 BOCA RATON, FL 33487 CR2E034 (11/05) 04112007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0626347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIPOWSKI, TODD A SR 6192 N FEDERAL HIGHWAY BOCA RATON, FL 33487 IN THIS SPACE 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MR TITLE SIPOWSKI, TODD A SR NAME STREET ADDRESS 6192 N FEDERAL HIGHWAY CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT1 F NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 eath; 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,

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIPONSKI