2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000037462 1. Entity Name



FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90130 006 ***150.00

FRANK (C. GRIMALDI, P.A.				04-14-2000 90130 000 ***130.00					
Principal Place 19409 CRES ODESSA, FL			Mailing Address 19409 CRESCENT RD ODESSA, FL 33556			•				
2. Principal F	Place of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			06 Chg-P	CR2E	034 (11/05)	1	
City & State		City & State	City & State		4. FEI N	umber 2439134		<u> </u>	pplied For	
Zip	Country	Zip	Zip Country			cate of Status Desire	a 🗀	\$8.75 Ad	ditional	
	6. Name and Address of Current Registered Age					and Address of New	 v Registered			
		Name								
19409 CR	I, FRANK C ESCENT RD FL 33556		Street Address		ess (P.O. Box N	mber is Not Accepta	able)			
ODESSA,	FL 33330									
				City		· · · · · ·	FI	Zip Coc	de	
	named entity submits this statementions of registered agent.	nt for the purpose of changing	g its register	ed office or reg	ristered agent, o	r both, in the State of	Florida. I am	ı familiar with	, and accept	
SIGNATURE.	Company of the compan									
	Signeture, typed or printed name of registered a	gent and little if applicable, (NOTE: Registere	id Agent signature re	quired when reinstatir		DATE			
	.E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Can Trust Fund C		ncing	\$5.00 May B Added to Fees	•				
10.	OFFICERS AND DIRECTORS 11				ADDITIO	NS/CHANGES TO C	FFICERS AN	D DIRECTOR	S IN 11	
TILE	COMMAND. MORNING		TITU					☐ Change	Addition	
NAME STREET ADDRESS	GRIMALDI, FRANK C 19409 CRESCENT RD		NAM	ET ADDRESS						
CITY-ST-ZIP	ODESSA, Ft. 33556			-ST-ZIP						
TIFLE			mu	<u> </u>				Change	Addition	
NAME			NAM	E				—		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
				-ST-ZIP						
TITLE Name		☐ Delete	TITLI	1				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			СПУ	- ST - ZIP						
TITLE .		☐ Delete	TITLE	: "				☐ Change	Addition	
NAME STREET ADDRESS			NAM	1						
CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	IME					Character 1	- Addition	
NAME		Li bace	NAM					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADORESS -ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			KUM	£ ,						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS						
	certify that the information supplied v	with this filling close not custife		-ST-ZP	inad in Chart	440 Florida On a	. 1 6 -44			
indicated	on this report or augulemental record	mu us ming does not qualify	y for the exe	ampuons conta	inea in Chapter	119, Horida Statutes	 I further cer 	tity that the ir	nformation	

with the composition of the corporation 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 like empowered.

FRANK C GRIHALAI