


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90086 050 ***150.00

DOCUMENT # P04000038898	
1. Entity Name GRANT MOTORS CORP.	

Principal Place of Business 2773 CLEVELAND AVENUE FORT MYERS, FL 33901	Mailing Address 7750 TWIN EAGLE LANE FORT MYERS, FL 33912 US
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400003070



2. Principal Place of Business - No P.O. Box # 2744 Fowler Street Suite, Apt. #, etc.	3. Mailing Address 2744 Fowler Street Suite, Apt. #, etc.
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01082007 Chg-P CR2E034 (12/06)

City & State Fort Myers, FL Zip 33901 Country USA	City & State Fort Myers, FL Zip 33901 Country USA
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4. FEI Number 13-4275439	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Kevin A. Kyle Street Address (P.O. Box Number is Not Acceptable) Green, Schoenfeld & Kyle, LLP 1280 Royal Palm Square Blvd. City Fort Myers FL Zip Code 33919
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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 <i>Kevin A. Kyle</i>	Kevin A. Kyle	1/8/2007

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRANT, SCOTT A <input type="checkbox"/> Delete 7750 TWIN EAGLE LANE FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GRANT, LYNN M <input type="checkbox"/> Delete 7750 TWIN EAGLE LANE FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lynn M. Grant 7750 Twin Eagle Lane Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Neil Dunstan 362 Bali Court Marco Island, FL 34145
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>Lynn M. Grant</i>	Lynn M. Grant	1/8/2007	(239) 362-7911