ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED N

Jan 17, 2006 8:00 am DOCUMENT # P04000104419 1. Entity Name **Secretary of State** GRELL CONSTRUCTION, INCORPORATED 01-17-2006 90256 030 ***150.00 Principal Place of Business Mailing Address 533 SOUTH DIXIE HWY, RM 201 533 SOUTH DIXIE HWY, RM 201 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 CR2E034 (11/05) Chg-P OM PANO City & State Applied For 4 FEI Number City & State 83-0402061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3.3061 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUTLER, REGIS** Street Address (P.O. Box Number is Not Acceptable) 231 S.E. 9TH AVEN. APT. 3 POMPANO BEACH, FL 33060 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BUTLER, REGIS** NAME NAME STREET ADDRESS STREET ADDRESS 231 S.E. 9TH AVENUE APT. 9 CITY+ST-7/P POMPANO BEACH, FL 33060 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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