## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P04000125653  1. Entity Name GRAFF SOFFITS, INC.						04-26-2006	90199 009	***15	0.00
Principal Place of Business Mailing Address  99 WINSON AVENUE 99 WINSON AVENUE ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223			23		40	,063568	:		1 <b>78</b> 0 il 1 <b>780</b> i
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		94212006	Chg-P	CR2E034 (	11/05)		
City & State		City & State		4. FEI Numb 20-156			_	plied For t Applicable	
Zip	Country	Zip	Count	try		of Status Desired	Fee	75 Add Required	
	6. Name and Address of Currer	t Registered Agent		NI	7. Name and	Address of New F	Registered Agen	<u> </u>	
GRAFF, BRYAN E 99 WINSON AVENUE				Name Street Address (P.O. Box Number is Not Acceptable)					
ENGLEWOOD, FL 34223									
			City	FL Zip Code					
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or re	egistered agent, or bo	th, in the State of F	orida. I am famil	iar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (NOT)	E: Registered	d Agent signature	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.									
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550			icing	\$5.00 May Be Added to Fees				
FIL After Ma	ay 1, 2006 Fee will be \$550				Added to Fees	CHANGES TO OFF	FICERS AND DIR	ECTORS	S IN 11
After Ma	ay 1, 2006 Fee will be \$550	7.00 Trust Fund Cont	tribution.		Added to Fees	CHANGES TO OFF		ECTORS Change	S IN 11
After Ma	officers an	D DIRECTORS	11. TITLE NAME STREE		Added to Fees	CHANGES TO OFF			
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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:

MATURE AND TYPED OR PRINTED MARE OF SIGNING OFFICER OR DIRECTOR

Gent 9

941-928-60 Dayuma Phone #