

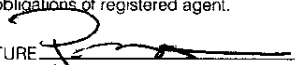
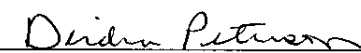


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90205 031 ***150.00

DOCUMENT # P04000156687 1. Entity Name FLORIDA GRANDE MOTOR COACH RESORT, INC.					
Principal Place of Business 4609 PASADENA COURT NAPLES, FL 34109			Mailing Address 4609 PASADENA COURT NAPLES, FL 34109		
2. Principal Place of Business Post Office Box 369 Suite, Apt. #, etc.		3. Mailing Address Post Office Box 369 Suite, Apt. #, etc.			
City & State Center Hill, FL		City & State Center Hill, FL		4. FEI Number 20-1882687	
Zip 33514		Country USA		5. Certificate of Status Desired <input 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 PETER BAKER, ESQ Street Address (P.O. Box Number is Not Acceptable) 500 E. KENNEDY City TAMPA FL Zip Code 33602	
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  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 4/27/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, DAVID G 4609 PASADENA COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Post Office Box 369 Center Hill, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRYANT, DEIDRA L 4609 PASADENA COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deidra Peterson Post Office Box 369 Center Hill, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRANE, RALPH N 4609 PASADENA COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Post Office Box 369 Center Hill, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, GERALD 4609 PASADENA COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Post Office Box 369 Center Hill, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, JIMMY E 4609 PASADENA COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Post Office Box 369 Center Hill, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JAMES L 4609 PASADENA COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Post Office Box 369 Center Hill, FL 33514
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:  DELORAN PETERSON 4/27/06 (530)351-3440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					