


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90375 013 \*\*\*158.75

<b>DOCUMENT # P04000172474</b>	
1. Entity Name <b>SINGLETON GRADING, INC.</b>	

Principal Place of Business <b>309 SW 11TH STREET DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>309 SW 11TH STREET DEERFIELD BEACH, FL 33441</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04142006 Chg-P CR2E034 (11/05)

4. FEI Number  
**41-2161922**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SINGLETON, PHYLLIS  
309 SW 11TH STREET  
DEERFIELD BEACH, FL 33441**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SINGLETON, RONALD SR</b>
STREET ADDRESS	<b>309 SW 11TH ST</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SINGLETON, PHYLLIS</b> <b>TITLE &amp; ADDRESS ONLY</b>
STREET ADDRESS	<b>309 SW 11TH ST</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGLETON, PHYLLIS</b> <b>(ADDRESS ONLY)</b>
STREET ADDRESS	<b>P.O. BOX 240</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Phyllis Singleton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 954 421-2718  
Date Daytime Phone #