



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000004519 1. Entity Name GRENAT FRAMING INC.						FILED 2006 JUL 17 PM 2:22 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA <i>PSC</i>		
Principal Place of Business 3801 MISSION TRACE BLVD., #L5 TALLAHASSEE, FL 32303				Mailing Address 3801 MISSION TRACE BLVD., #L5 TALLAHASSEE, FL 32303				
2. Principal Place of Business 3701 Dorset Way Suite, Apt. #, etc.		3. Mailing Address 3701 Dorset Way Suite, Apt. #, etc.				07172006 Chg-P CR2E034 (11/05)		
City & State Tallahassee FL.		City & State Tallahassee FL.		4. FEI Number 11-3738936		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip 32303		Country Leon		Zip 32303		Country Leon		
6. Name and Address of Current Registered Agent GRENAT, JOE 3801 MISSION TRACE BLVD., #L5 TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRENAT, JOE 3801 MISSION TRACE BLVD., #L5 TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lincoln Charles 3701 Dorset Way Tallahassee FL. 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS GAMBLE, JACOB 3801 MISSION TRACE BLVD., #L5 TALLAHASSEE, FL 32303			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Charles Crawford 3701 Dorset Way Tallahassee FL. 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC TRUEBLOOD, WES 3801 MISSION TRACE BLVD., #L5 TALLAHASSEE, FL 32303			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMBLE, GRIFF 3801 MISSION TRACE BLVD., #L5 TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
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>Joe Grenat</i> Joe Grenat <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7-17-06 850 510 2804 <small>Date Daytime Phone #</small>				