


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90106 003 ***150.00

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| DOCUMENT # P05000026816 |  |
| 1. Entity Name GRI OF CENTRAL FLORIDA, INC | |

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| Principal Place of Business 3013 FLORENCIA DRIVE KISSIMMEE, FL 34744 | Mailing Address 3013 FLORENCIA DRIVE KISSIMMEE, FL 34744 |
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| 2. Principal Place of Business - No P.O. Box # 203 SO. CLYDE AV Suite, Apt. #, etc. | 3. Mailing Address 203 SO. CLYDE AV Suite, Apt. #, etc. |
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|--------------------------------------|-------------------------------------|
| City & State KISSIMMEE, FL | City & State KISSIMMEE FL |
| Zip 34741 | Zip 34741 |
| Country | Country |



02242008 Chg-P CR2E034 (12/06)

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|------------------------------------|--|
| 4. FEI Number 59-3798481 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ILARIA, GEORGE 203 SOUTH CLYDE AVENUE KISSIMMEE, FL 34741 | 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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ILARIA, GEORGE R | | NAME | |
| STREET ADDRESS 203 SOTUH CLYDE AVENUE | | STREET ADDRESS | |
| CITY - ST - ZIP KISSIMMEE, FL 34741 | | CITY - ST - ZIP | |
| TITLE V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ILARIA, SHAWEN F | | NAME | |
| STREET ADDRESS 3001 LAUREL PARK LANE #108 | | STREET ADDRESS | |
| CITY - ST - ZIP KISSIMMEE, FL 34744 | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George I. Iaria George I. Iaria 3/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #