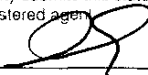
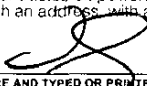


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90004 025 ***150.00

DOCUMENT # P05000033034 1. Entity Name GRIMALDI CORPORATION			
Principal Place of Business 10230 ATLANTIC BLVD., #3 JACKSONVILLE, FL 32225 US		Mailing Address 10230 ATLANTIC BLVD., #3 JACKSONVILLE, FL 32225 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-2516584		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMALDI, DOUGLAS J 10230 ATLANTIC BLVD., #3 JACKSONVILLE, FL 32225		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  Signature, typed or printed name of registered agent and title if applicable 7-11-07 DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P GRIMALDI, DOUGLAS J 12212 LAKE FERN DRIVE JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMALDI, DOUGLAS J. 10230 ATLANTIC BLVD. STE 3 JACKSONVILLE, FL. 32225 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMALDI, SARAH K 12212 LAKE FERN DRIVE JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMALDI, SARAH K. 10230 ATLANTIC BLVD. STE. 3 JACKSONVILLE, FL. 32225 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIMALDI, DOUGLAS J 12212 LAKE FERN DRIVE JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIMALDI, DOUGLAS J. 10230 ATLANTIC BLVD. STE. 3 JACKSONVILLE, FL. 32225 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-11-07 Date 904-725-9115 Daytime Phone #	

40131926

