

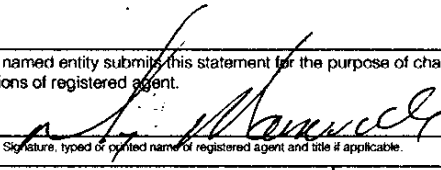
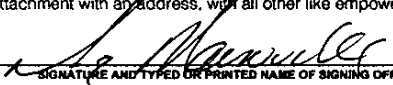


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90035 035 \*\*\*150.00

<b>DOCUMENT # P05000042261</b> 1. Entity Name <b>DOUG MAINVILLE'S GRADING SERVICE, INC</b>					
Principal Place of Business <b>5217 28TH PLACE S W - SIDE B NAPLES, FL 34116 US</b>			Mailing Address <b>5217 28TH PLACE S W - SIDE B NAPLES, FL 34116 US</b>		
2. Principal Place of Business <b>14944 Toscana Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>14944 Toscana Way</b> Suite, Apt. #, etc.			
City & State <b>NAPLES FL</b> Zip <b>34120</b>		City & State <b>Naples FL</b> Zip <b>34120</b>		4. FEI Number <b>20-2562519</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAINVILLE, DOUGLAS 5217 28TH PLACE SW - SIDE B NAPLES, FL 34116</b>				7. Name and Address of New Registered Agent Name <b>Douglas Mainville</b> Street Address (P.O. Box Number is Not Acceptable) <b>14944 Toscana Way</b> City <b>Naples</b>	
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.				Zip Code <b>FL 34120</b>	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>1-28-06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>MAINVILLE, DOUGLAS</b> STREET ADDRESS <b>5217 28TH PLACE SW - SIDE B</b> CITY-ST-ZIP <b>NAPLES, FL 34116</b>				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>14944 Toscana Way</b> STREET ADDRESS <b>Naples, FL 34120</b> CITY-ST-ZIP	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1-28-06</b>	