

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044825

Entity Name: GRACE MARLOW, INC.

FILED
Aug 22, 2006
Secretary of State

Current Principal Place of Business:

DUNLAP & MORAN, P.A.
1990 MAIN STREET SUITE 700
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

DUNLAP & MORGAN, P.A.
PO BOX 3948
SARASOTA, FL 34230

New Mailing Address:

DUNLAP & MORAN, P.A.
PO BOX 3948
SARASOTA, FL 34230

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUZIER, THOMAS B ESQ.
DUNLAP & MORAN, P.A.
1990 MAIN STREET SUITE 700
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARLOW, KIMBERLY
Address: 1959 MORRILL STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: MARLOW, KIMBERLY
Address: 3866 BAY SHORE ROAD
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MARLOW

P

08/22/2006

Electronic Signature of Signing Officer or Director

_____ Date