2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000046220 04-28-2006 90176 032 ***150.00 1. Entity Name BRAD GROSBERG, INC Principal Place of Business Mailing Address 40000000 1281 WOODMERE DRIVE 1281 WOODMERE DRIVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 201 W. CANTON 3. Mailing Address (ANTON 201 W. Suite, Apt. #, etc Suite, Apt. #, etc. 04202006 CR2E034 (11/05) UITE 20 ITE 4. FEI Number 20 - 25 tv & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSBERG, BRADLEY 1281 WOODMERE DRIVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 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 registered agent. the obligations of VICE PRESIDENT SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ... ■ Addition BROSDERG, BRADLEY 200 AVE., SUITE 200 NAME GROSBERG, BRADLEY NAME STREET ADDRESS 1281 WOODMERE DRIVE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP WINTER PARK, PL 32789 CITY-ST-ZiP VΡ TITLE TITLE **X** Change ☐ Delete ☐ Addition KEAN, PHILIP 201 W. CANTON AVE., SUITE 200 KEAN, PHILIP NAME NAME STREET ADDRESS 1281 WOODMERE DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7iP WINTER PARK, FL Delete TITLE TITLE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not quality 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 AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED

Apr 28, 2006 8:00 am