

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074904

Entity Name: GRAHAM CONSULTING, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

5720 ROCK ISLAND ROAD  
379  
TAMARAC, FL 33319 US

## Current Mailing Address:

P.O. BOX 590055  
FT. LAUDERDALE, FL 33359 US

## New Principal Place of Business:

5646 ROCK ISLAND ROAD  
207  
TAMARAC, FL 33319 US

## New Mailing Address:

P.O. BOX 26612  
FT. LAUDERDALE, FL 33320 US

FEI Number: 20-2906011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAHAM, CHRIS-AL O  
5720 ROCK ISLAND ROAD  
379  
TAMARAC, FL 33319 US

## Name and Address of New Registered Agent:

GRAHAM, STACY-ANN P  
5646 ROCK ISLAND ROAD  
207  
TAMARAC, FL 33319 US

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: STACY-ANN P. GRAHAM

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRAHAM, CHRIS-AL O  
Address: P.O. BOX 590055  
City-St-Zip: FT. LAUDERDALE, FL 33359 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRAHAM, STACY-ANN P  
Address: P.O. BOX 26612  
City-St-Zip: FT. LAUDERDALE, FL 33320 US

Title: VP ( ) Change (X) Addition  
Name: GRAHAM, CHRIS-AL O  
Address: P.O. BOX 26612  
City-St-Zip: FT. LAUDERDALE, FL 33320 US

I hereby certify that the information supplied with this filing does not qualify 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: STACY-ANN P. GRAHAM

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date