2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # P05000093980 1. Entity Name GROW ASSOCIATES, INC.						05-03-2006 9	0235 017 ***150	0.00
Principal Plac 2469 CENTE #104 MIRAMAR, FL	RGATE DRIVE	Mailing Address 2469 CENTERGATE DRI #104 MIRAMAR, FL 33025	VE			7 11 1870 JUN 88111 JOHN 18811	et iil atika (1916 itila) (1911 i	1 201. 81
2. Principal Place of Business 8910 Hiromor Pkwy Suite, Agt. #, etc. 3. Mailing Address 89/0 Hiromor Suite, Agt. #, etc.				kwy				
Sui 4	2204	Suide 209 Gity & State	inde 204 ity & State		05012006	Chg-P	CR2E034 (11/05)	pplied For
Zip 330	25 USA	Miromor 33025	Country	A	••	3063620 e of Status Desired	\$8.75 Add	ot Applicable ditional ad
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New Re	gistered Agent	
"101						Nalters per is Not Acceptable) mer Pkwy	Suite S	204
MIRAMAR, FL 33025				City Vicana FL Zip Code 3 3 0 1 5				
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, hybor or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees		ith s. 607.193(2)(b), not receive the prior	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	CERS AND DIRECTOR	IS IN 11
TITLE	D	☐ Delete	TITLE	4	1 1 6 6 1	11	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	WALTERS, RODRICK 2469 CENTERGATE DRIVE, #104 MIRAMAR, FL 33025		NAME STREET ADDRE CITY-ST-ZIP	ss 89 (1	Miramo Omac	alters or Porteway FL 33025	sute 200	/
TITLE NAME STREET ADDRESS	D OMARI, GERALD 4711 HANRAHAN PLACE	☐ Delete	TITLE NAME STREET ADDRE				☐ Change	☐ Addition
CITY-ST-ZIP	ALEXANDRIA, VA 22309	··	CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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 31 caper like empowered.								