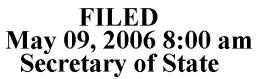
2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P05000096979 1. Entity Name GRAND CENTRAL CITY HOMES, INC.							-	05-09-2006	5 90091 04	43 ***15	0.00
Principal Plac 737 17TH A ST PETERSB	VE N	737	Mailing Address 737 17TH AVE N ST PETERSBURG, FL 33704				ABIT BIII BBII FBM BT	iik kudin (n)in bii(i	R 10811 10810 111		
Principal Place of Business 3. Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04122006	Chg-P	CR2E03	4 (11/05)	
City & Stat	te		City & State				4. FEI Numb	er - 10030		No	plied For t Applicable
Zip			Zip			try	<u> </u>	of Status Desired	F	8.75 Add ee Required	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
BRIDGES, DALE W 737 17TH AVE N ST PETERSBURG, FL 33704						Street Address (P.O. Box Number is Not Acceptable)					
STPETERSBURG, PL 33704											
						City FL Zip Code					
	e named entit tions of regist	y submits this statement tered agent.	for the purp	ose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Fi	orida. I am fa	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to							ed when reinstating)		DATE		
FIL After M	E NOW!!! ay 1, 2000	FEE IS \$150.00 6 Fee will be \$550	I	Election Campa Trust Fund Cont	-		5.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS						ADDITIONS	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	737 1 7T H	PS								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP									-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			_			☐ Change	Addition
indicator.	on this ropo	e information supplied w irt or supplemental report he receiver or trustee em achment with an address	ie trije and	accurate and that	my sinna	ture shall have the	same legal ette	ct as it made under	oam: maci a	n an oncer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR