


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90336 020 ***158.75

DOCUMENT # P05000098951

1. Entity Name
GREAT RESOURCES AND SUPPORT PROVIDERS INC.



Principal Place of Business
**12279 SW 257 TERRACE
 HOMESTEAD, FL 33032**

Mailing Address
**12279 SW 257 TERRACE
 HOMESTEAD, FL 33032**

50010707



2. Principal Place of Business
10711 S.W. 216 St #101

3. Mailing Address
**10711 S.W. 216 St
 #101**

Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (1/1/05)

City & State
Miami FL

City & State
Miami FL

Zip
33170

Country
U.S.

4. FEI Number
203267473

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MULKEY, KATHLEEN J
 12279 SW 257 TERRACE
 HOMESTEAD, FL 33032**

7. Name and Address of New Registered Agent

Name
Kathleen J. Mulkey

Street Address (P.O. Box Number is Not Acceptable)
10711 S.W. 216 St #101

City
Miami, FL 33170

City
Miami

State
FL

Zip Code
33170

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 *Kathleen J. Mulkey*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULKEY, KATHLEEN J 12279 SW 257 TERRACE HOMESTEAD, FL 33032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 all other like empowered.

SIGNATURE: *Kathleen J. Mulkey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/06**