


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90188 001 *****8.75
04-20-2007 90188 002 ***150.00

DOCUMENT # P05000098951	
1. Entity Name GREAT RESOURCES AND SUPPORT PROVIDERS INC.	

Principal Place of Business 10711 SW 216 ST #101 MIAMI, FL 33170	Mailing Address 10711 SW 216 ST #101 MIAMI, FL 33170
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2. Principal Place of Business - No P.O. Box # 10711 S.W. 216 ST. #110	3. Mailing Address 10711 S.W. 216 ST. #110
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110
City & State Miami, FL	City & State Miami, FL
Zip 33170	Country Dade



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3267473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULKEY, KATHLEEN J 10711 SW 216 ST #101 MIAMI, FL 33170	
7. Name and Address of New Registered Agent Name Mulkey, Kathleen J Street Address (P.O. Box Number is Not Acceptable) 10711 S.W. 216 ST. #110 City Miami, 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 _____

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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
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
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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 M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Date

786-2556256

Daytime Phone #