
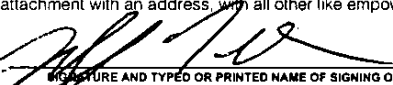


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90023 029 \*\*\*150.00

<b>DOCUMENT # P05000144841</b> 1. Entity Name <b>GRAND DESIGNS, INC.</b>			
Principal Place of Business <b>1610 TENNESSEE AVE LYNN HAVEN, FL 32444</b>		Mailing Address <b>1610 TENNESSEE AVE LYNN HAVEN, FL 32444</b>	
2. Principal Place of Business - No P.O. Box # <b>1701 Tennessee Ave</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Lynn Haven, FL</b> Zip <b>32444</b>		3. Mailing Address <b>1701 Tennessee Ave</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Lynn Haven, FL</b> Zip <b>32444</b>	
4. FEI Number <b>20-3691931</b>		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  <b>TILLMAN, JEFF 1610 TENNESSEE AVE LYNN HAVEN, FL 32444</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1701 Tennessee Ave</b> Suite <b>Suite 200</b> City <b>Lynn Haven</b> <b>FL</b> Zip Code <b>32444</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 TILLMAN, JEFF 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFROM, AMY 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<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: 		Jeff T. Tillman 3-27-07 850 265-1158	