

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010281

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PATTY GRACE INC.

## Current Principal Place of Business:

803 B SOUTH OREGON AVE.  
TAMPA, FL 33606

## New Principal Place of Business:

6909 N BREVARD AVE  
TAMPA, FL 33604

## Current Mailing Address:

803 B SOUTH OREGON AVE.  
TAMPA, FL 33606

## New Mailing Address:

6909 N. BREVARD AVE  
TAMPA, FL 33604

FEI Number: 20-4206682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRACE, PATRICIA  
803 B SOUTH OREGON AVE.  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

GRACE, PATRICIA  
6909 N. BREVARD AVE  
TAMPA, FL 33604 US

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.

SIGNATURE:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRACE, PATRICIA  
Address: 803 B SOUTH OREGON AVE.  
City-St-Zip: TAMPA, FL 33606 US

Title: VP ( ) Delete  
Name: GRACE, MICHAEL  
Address: 803-B SOUTH OREGON AVE  
City-St-Zip: TAMPA, FL 33606 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRACE, PATRICIA  
Address: 6909 N. BREVARD AVE.  
City-St-Zip: TAMPA, FL 33604 US

Title: VP (X) Change ( ) Addition  
Name: GRACE, MICHAEL  
Address: 6909 N. BREVARD AVE  
City-St-Zip: TAMPA, FL 33604 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GRACE

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date