2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# P06000010281

Entity Name: PATTY GRACE INC.

Current Principal Place of Business:

5351 HARBORSIDE DR.
TAMPA, FL 33615

New Principal Place of Business:

8014 S W 135 ST RD
OCALA, FL 34473

Current Mailing Address:

5351 HARBORSIDE DR.
TAMPA, FL 33615

New Mailing Address:

8014 S W 135 ST RD
OCALA, FL 34473

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
5351 HARBORSIDE DR
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

GRACE, PATRICIA
8014 S W 135 ST RD
OCALA, FL 34473 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: 05/29/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRACE, PATRICIA
Address: 5351 HARBORSIDE DR
City-St-Zip: TAMPA, FL 33615 US

Title: VP ( ) Delete
Name: GRACE, MICHAEL
Address: 5351 HARBORSIDE DR.
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRACE, PATRICIA
Address: 8014 S W 135 ST RD
City-St-Zip: OCALA, FL 34473 US

Title: VP (X) Change ( ) Addition
Name: GRACE, MICHAEL
Address: 4014 MURIEL PLACE
City-St-Zip: TAMPA, FL 33614 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 05/29/2009
Electronic Signature of Signing Officer or Director — Date