

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

|                                        |                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000019589                |  |
| 1. Entity Name<br>GRACE GRAPHICS, INC. |                                                                                   |

|                                                                                 |                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>4899 ALLIGATOR BOULEVARD<br>MIDDLEBURG, FL 32068 | Mailing Address<br>4899 ALLIGATOR BLVD<br>MIDDLEBURG, FL 32068 |
|---------------------------------------------------------------------------------|----------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

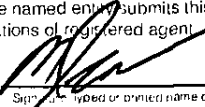


02212008- No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>74-3162717 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                      |                                |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|                                                                   |  |
|-------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                   |  |
| BERKNER, MICHAEL J<br>4899 ALLIGATOR BLVD<br>MIDDLEBURG, FL 32068 |  |

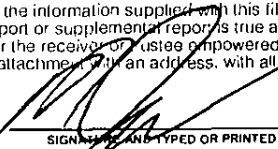
|                                                                                                                                                                                                                                |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 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  <i>Mike Berkner</i>                                                                                                               | DATE <i>2/22/08</i> |

|                                                                                             |                                                                                                                        |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/><b>After May 1, 2008 Fee will be \$550.00</b></p> | <p>9. Election Campaign Financing<br/>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BERKNER, MICHAEL<br>4899 ALLIGATOR BOULEVARD<br>MIDDLEBURG, FL 32068 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BEVERLY, BARNETTE<br>4899 ALLIGATOR BLVD.<br>MIDDLEBURG, FL 32068    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ROBERT, BARNETTE<br>4899 ALLIGATOR BLVD.<br>MIDDLEBURG, FL 32068     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |

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03/05/08-80050-016 158.75

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| 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 reports 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:  <i>Mike Berkner</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE <i>2/22/08</i> DAYTIME PHONE # <i>904 304 7940</i> |