## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000034213

Address:

City-St-Zip:

1601 QUAIL DR. #105

WEST PALM BEACH, FL 33409 US

Entity Name: GRINDIN RECORDS INC.

FILED Feb 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2892 TENNISS CLUB #303 WEST PALM BEACH, FL 33409 US **Current Mailing Address: New Mailing Address:** 2892 TENNISS CLUB #303 WEST PALM BEACH, FL 33409 US FEI Number: 20-4715517 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELL, GERREN 2892 TENNISS CLUB #303 WEST PALM BEACH, FL 33409 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P//P ( ) Delete Title: () Change () Addition Name: BELL, GERREN Name: 2892 TENNIS CLUB DR.#303 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition BELL, GERREN Name: Name: 2892 TENNIS CLUB #303 Address: Address: WEST PALM BEACH, FL 33409 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CLINTON, DARAN Name: Name: 1005 OAKCHASE DR. APT.E Address: Address: City-St-Zip: ATLANTA, GA 30084 US City-St-Zip: Title: () Delete Title: () Change () Addition SIMMONS, CASSANDRA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: GERREN BELL P/VP 02/26/2007