2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2008 08:00 Al Secretary of State **DOCUMENT # P06000037727** 1. Entity Name FRANK GRAZIANO, INC. Principal Place of Business Mailing Address 8132 CLIPPER COURT 8132 CLIPPER COURT SPRING HILL, FL 34606 SPRING HILL, FL 34606 CR2E034 (11/05) 03112008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4513123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAZIANO, FRANK T DO NOT WRITE 8132 CLIPPER COURT SPRING HILL, FL 34606 IN THIS SPACE 内部,让自己的说 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GRAZIANO, FRANK T NAME 8132 CLIPPER COURT STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 TITLE GRAZIANO, CONNI M NAME STREET ADDRESS 8132 CLIPPER COURT SPRING HILL, FL 34606 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 all address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #