

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039912

Entity Name: GRAD ENTERPRISES INC.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

3119 N.E. 95TH STREET  
ANTHONY, FL 32617

## New Principal Place of Business:

2134 N.E. 45TH AVENUE  
OCALA, FL 34470 US

## Current Mailing Address:

3119 N.E. 95TH STREET  
ANTHONY, FL 32617

## New Mailing Address:

2134 N.E. 45TH AVENUE  
OCALA, FL 34470

FEI Number: 20-4538002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ-FERNANDEZ, GAIL  
3119 N.E. 95TH STREET  
ANTHONY, FL 32617 US

## Name and Address of New Registered Agent:

CRUZ-FERNANDEZ, GAIL  
2134 N.E. 45TH AVENUE  
OCALA, FL 34470 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: GAIL CRUZ-FERNANDEZ

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TILLIS, RUSSELL  
Address: P.O. BOX 1501  
City-St-Zip: ANTHONY, FL 32617

Title: V ( ) Delete  
Name: MCKINNON, ALICE  
Address: 11021 N.E. 41 ST TERRACE  
City-St-Zip: ANTHONY, FL 32617

Title: S ( ) Delete  
Name: THOMPSON, DIANNA  
Address: 3123 N.E. 95TH STREET  
City-St-Zip: ANTHONY, FL 32617

Title: T ( ) Delete  
Name: CRUZ-FERNANDEZ, GAIL  
Address: 3119 N.E. 95TH STREET  
City-St-Zip: ANTHONY, FL 32617

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CRUZ-FERNANDEZ, GAIL  
Address: 2134 N.E. 45TH AVENUE  
City-St-Zip: OCALA, FL 34470

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: GAIL CRUZ-FERNANDEZ

TRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date