

FILED
May 18, 2007 8:00 am
Secretary of State

04-23-2007 90048 041 ***150.00

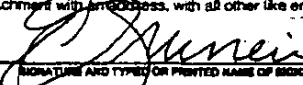
2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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01032007 Chg-P CR2ED34 (12/06)

DOCUMENT # P06000047524			
1. Entity Name ELLEN M. GRUNEISEN CORPORATION			
Principal Place of Business 2400 NE 16TH STREET UNIT 206 POMPANO BEACH, FL 33062		Mailing Address 2400 NE 16TH STREET UNIT 206 POMPANO BEACH, FL 33062	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0176499		Applied For ☐ System Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRUNEISEN, ELLEN M 2400 NE 16TH STREET UNIT 206 POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRUNEISEN, ELLEN M 2400 NE 16TH STREET UNIT 206 POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 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-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 my address, with all other like empowered.			
SIGNATURE: 		Ellen Gruneisen 1/25/07 (954) 943-9461	
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR		Date Day/Mo/Yr	