

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100829

FILED
Feb 03, 2007
Secretary of State

Entity Name: GRANITE MANAGEMENT & ARTIST DEVELOPMENT INC

Current Principal Place of Business:

56 SKIDMORE, PO BOX 1236
HAINES CITY, FL 33845

New Principal Place of Business:

56 SKIDMORE
WINTER HAVEN, FL 33884

Current Mailing Address:

56 SKIDMORE, PO BOX 1236
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEARE, PATTY
150 KOKOMO ROAD
LAKE HAMILTON, FL FL US

Name and Address of New Registered Agent:

PEARCE, PATTY
150 KOKOMO ROAD
LAKE HAMILTON, FL FL 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: PATTY PEARCE

02/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULLEN, KIM
Address: 56 SKIDMORE, PO BOX 1236
City-St-Zip: HAINES CITY, FL 33845

Title: V () Delete
Name: MULLEN, CHAD
Address: 56 SKIDMORE, PO BOX 1236
City-St-Zip: HAINES CITY, FL 33845

Title: ST () Delete
Name: MULLEN, SHELBY
Address: 56 SKIDMORE, PO BOX 1236
City-St-Zip: HAINES CITY, FL 33845

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:

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.

SIGNATURE: KIM MULLEN

P

02/03/2007

Electronic Signature of Signing Officer or Director

Date