


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90059 046 ***150.00

DOCUMENT # P06000139942 1. Entity Name TIGERGRASS, INC.					
Principal Place of Business P.O. BOX 1025 HOBE SOUND, FL 33475-1025			Mailing Address P.O. BOX 1025 HOBE SOUND, FL 33475-1025		
2. Principal Place of Business - No P.O. Box # 8633 SE RETREAT DR.		3. Mailing Address Suite, Apt. #, etc.			
City & State HOBE SOUND		City & State			
Zip 33455	Country USA	Zip	Country		
4. FEI Number 20-5888887			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KLEIN, ROBERT G 233 S FEDERAL HWY 409 BOCA RATON, FL 33432-4941			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6831 IMPERIAL BEACH CIRCLE City DELRAY BEACH FL Zip Code 33446		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPVP VAINTRUB, CARRIE <input type="checkbox"/> Delete P.O. BOX 1025 HOBE SOUND, FL 334751025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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04112008 Chg-P CR2E034 (12/06)

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 an address, with all other like empowered.

SIGNATURE: C. Vaintrub **CARRIE VAINTRUB** 4/11/08 772-546-8292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #