

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000152298

FILED
Jan 26, 2009
Secretary of State

Entity Name: GRACE CONSULTING GROUP, INC.

Current Principal Place of Business:

11356 PALM ISLAND AVE
RIVERVIEW, FL 33569

New Principal Place of Business:

11928 WHISPER CREEK DR.
RIVERVIEW, FL 33569

Current Mailing Address:

P.O.BOX 74
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 20-5083258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STROUD, LILLIA M
11356 PALM ISLAND AVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

STROUD, LILLIA M
11928 WHISPER CREEK DR.
RIVERVIEW, FL 33569 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: LILLIA M. STROUD

01/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWN () Delete
Name: STROUD, LILLIA M
Address: 11356 PALM ISLAND AVE
City-St-Zip: RIVERVIEW, FL 33569

Title: ASSO () Delete
Name: STROUD, PHILIP D
Address: 11356 PALM ISLAND AVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: ASSO (X) Delete
Name: WARREN, LUCIANA
Address: 11358 PALM ISLAND AVE
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWN (X) Change () Addition
Name: STROUD, LILLIA M
Address: 11928 WHISPER CREEK DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: ASSO (X) Change () Addition
Name: STROUD, PHILIP D
Address: 11928 WHISPER CREEK DR.
City-St-Zip: RIVERVIEW, FL 33569 US

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

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: LILLIA M. STROUD

DIR

01/26/2009

Electronic Signature of Signing Officer or Director

Date