## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000127297

City-St-Zip:

IND., HAR., BEACH, FL 32937

FILED Apr 15, 2009 Secretary of State

Entity Nam	ne: GRANT CA	APITAL ONE, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2700 KINGS MILL AVENUE MELBOURNE, FL 32934			402 HIGH POINT DR SUITE 201 COCOA, FL 32926		
Current Ma	ailing Address	:	New Mailing Address:	New Mailing Address:	
2700 KINGS MILL AVENUE MELBOURNE, FL 32934			402 HIGH POINT DR SUITE 201 COCOA, FL 32926		
FEI Number:	26-1489558	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JOSHI, RASHMIKANT B 2700 KINGS MILL AVENUE MELBOURNE, FL 32934 US  The above named entity submits this statement for the purpose of			JOSHI, RASHMIKANT E 402 HIGH POINT DR. SUITE 201 COCOA, FL 32926 US Irpose of changing its registered		
in the State	of Florida.				
SIGNATURE:				04/15/2009	
		Signature of Registered Ager	JI	Date	
Election Cam	paign Financing	Frust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E JOSHI, RAMHMIK 2700 KINGS MILI MELBOURNE, FL	_ AVENUE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () E SHAH, RAJENDR 740 NICKLAUS D MELBOURNE, FL	RIVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	SEC () E SHAH, SHAILESH 1211 PINETREE		Title: ( Name: Address:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: RAJENDRA R SHAH MGR 04/15/2009