


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P14150	
1. Entity Name CLIFFORD AND LA VONNE GRAESE FOUNDATION, INCORPORATED	

Principal Place of Business 5193 FAIRWAY OAKS DR. WINDERMERE, FL 34786 US	Mailing Address CORPORATION TRUST CENTER 1209 ORANGE ST WILMINGTON, DE 19801 US
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04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3388411	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAESE, LAVONNE B 5193 FAIRWAY OAKS DR WINDERMERE, FL 34786	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GRAESE, LAVONNE B. 5193 FAIRWAY OAKS DR WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAESE, LA VONNE B. 5193 FAIRWAY OAKS DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRAESE, DIANE M 1704 CORDOBA CANYON ST LAS VEGAS, NV 89117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAUGHERTY, SALLY 7432 ST CLAIR DR CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFIREVIC, SUSAN 5518 SO PARK AVENUE HINSDALE, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAESE, LARRY 11610 MURRAY AVENUE LARGO, FL 34648

UD00000303381
04/13/05-80110-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Lavonne B. Graese Lavonne B. Graese 4/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #