2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003630

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

HUDSON, FL 34667

MERCER, MICHAEL A

HUDSON, FL 34667 US

8301 JOLIET ST.

(X) Delete

Entity Name: GRACE INDUSTRIES, INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8301 JOLIET ST. HUDSON, FL 34667 US **Current Mailing Address: New Mailing Address:** 8301 JOLIET ST HUDSON, FL 34667 US FEI Number: 59-3163691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KONING, RHONDA 8301 JOLIET ST HUDSON, FL 34667 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: **PVST** (X) Change () Addition KONING, RHONDA Name: Name: KONING, RHONDA 8301 JOLIET ST 8301 JOLIET ST Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: HUDSON, FL 34667 US Title: VΡ Title: VΡ () Delete (X) Change () Addition ELZEY, RICHARD Name: ELZEY, RICHARD Name: 8301 JOLIET ST. 8301 JOLIET ST. Address: Address: HUDSON, FL 34667 HUDSON, FL 34667 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition KONING, ROBERT J SR KONING, ROBERT J SR Name: Name: 8301 JOLIET STREET 8301 JOLIET STREET

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

HUDSON, FL 34667 US

() Change () Addition

Ρ SIGNATURE: RHONDA KONING 03/26/2009