


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000012303

1. Entity Name
GORDON GRAU SCIENTIFIC, INC.



Principal Place of Business Mailing Address
14030 LAKE UNDERHILL RD. **14030 LAKE UNDERHILL RD.**
ORLANDO FL 32828 **ORLANDO FL 32828**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3165983** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

FOOKES, NEDDY G
14030 LAKE UNDERHILL RD.
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	PTS	<input type="checkbox"/> Delete
TITLE NAME: FOOKES, NEDDY G STREET ADDRESS: 14030 LAKE UNDERHILL RD. CITY-STATE-ZIP: ORLANDO FL 32828		<input type="checkbox"/>
TITLE NAME:		<input type="checkbox"/> Delete
TITLE NAME:		<input type="checkbox"/> Delete
TITLE NAME:		<input type="checkbox"/> Delete
TITLE NAME:		<input type="checkbox"/> Delete
TITLE NAME:		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME:	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME:	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME:	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME:	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME:	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME:	<input type="checkbox"/>	<input type="checkbox"/>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Neddy Grau **NEDDY G. FOOKES** 03/12/07 407-2825749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #