
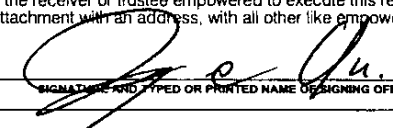


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90042 007 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P94000006741</b><br>1. Entity Name<br><b>GRACE GOLD, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>1314 N.W. 40TH AVE. (SR 7)<br/>LAUDERHILL, FL 33313</b>  |   |   | Mailing Address<br><b>GRACE GOLD INC<br/>13286 MAJESTIC WAY<br/>COOPER CITY, FL 33330</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |   |  |
| City & State<br><br>Zip                      Country   |   | City & State<br><br>Zip                      Country  |   | 4. FEI Number<br><b>65-0464718</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MUN-CHANG, YU<br/>1314 N.W. 40TH AVE.<br/>(SR 1)<br/>LAUDERHILL, FL 33313</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>JAY MUNCHANG YU</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1314 N.W. 40th AVE. (SR 7)</b><br>City <b>LAUDERHILL</b> <b>FL</b> Zip Code <b>33313</b> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>YU, MUN CHANG<br>13286 MAJESTIC WAY<br>COOPER CITY, FL 33330 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | PSD<br>YU, JAY MUNCHANG<br>13286 MAJESTIC WAY<br>COOPER CITY, FL 33330 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VTD<br>YU, BOK HEE<br>13286 MAJESTIC WAY<br>COOPER CITY, FL 33330   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br><input type="checkbox"/> Delete                         | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br><input type="checkbox"/> Delete                         | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br><input type="checkbox"/> Delete                         | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:    |   |   | Date <b>2/19/2008</b> Daytime Phone # <b>954-554-5565</b>   |   |  |