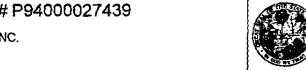
2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000027439 1. Entity Name ACE GRASSING, INC.

FILED Mar 20, 2006 08:00 AM Secretary of State



Principal Place of Business

Mailing Address

4400 HWY 98 E. FT. MEADE, FL 33841 P.O. BOX 237 FT. MEADE, FL 33841



DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3242454

Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional

				Fee Required		
6. Name and Address of Current Registered Agent						
WRIGHT, ROGER N 4400 HWY 98 E. FT. MEADE, FL 33841			DO NOT WRITE IN THIS SPACE			
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.						
SKGNATURE Signature, typed or printed name of registered agent and this It applicable (NOTE, Registered Agent signature required when reinstating) OATE						
Fil. After M	E NOWILL FEE IS \$150.00 my 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	Unnnn0474528 04/04/06-80027-003-150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WRIGHT, ROGER 4400 HWY 98 EAST FT, MEADE, FL 33841					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-				
12. I hereby c	entify that the information supplied with this fit	ing does not qualify for the exen	nptions con	fained in Chapter 119	3, Florida Statutes. I further certily 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 of trusted 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 employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #