


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000040187		
1. Entity Name GRANDE LEISURE HOLDINGS INTERNATIONAL CORPORATION		
Principal Place of Business 4370 S TAMiami TRAIL 131 SARASOTA, FL 34231 US		Mailing Address 4370 S TAMiami TRAIL 131 SARASOTA, FL 34231 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MUSICK, BARBARA A 4370 S TAMiami TRAIL # 131 SARASOTA, FL 34231		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. SIGNATURE <u><i>Barbara A Musick</i></u> OFFICE ADMINISTRATOR <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOPLIS, BRIAN K 5119 PALMETTO POINT DR PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUSICK, BARBARA 2425 WHIPPORWILL CIRCLE SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>B.K. Toplis</i></u> <u>4/24/06</u> <u>941 927 2999</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-5057749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000536205
05/08/06-80083-021 150.00

**DO NOT WRITE
IN THIS SPACE**