## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P95000009919 1. Entity Name E.G. GRADING, INC. Principal Place of Business Mailing Address 3830 ALADDIN AVE 3830 ALADDIN AVE BOYNTON, FL 33436 BOYNTON, FL 33436 04182006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0611080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, ELISEO DO NOT WRITE 3830 ALADDIN AVE BOYTON BEACH, FL 33436 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Cámpaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPT TITLE GARCIA, ELISEO NAME STREET ADDRESS 3880 ALADDIN AVE U00000537483 BOYTON BEACH, FL CITY-ST-ZIP 05/09/06-80014-021 150.00 TITLE ZOLNIEREK, KAREN MAME STREET ADDRESS 3880 ALADDIN AVE CITY+ST-ZIP BOYTON BEACH, FL nne NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE 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.

4-24-2006

561-742-3205

Davima Phone #

E 4580 GARLIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED