

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P95000014935 1. Entity Name GRYPHUS FINANCIAL SERVICES, INC. |  |
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| Principal Place of Business 1924 S OSPREY AV SUITE 200 SARASOTA, FL 34239 US | Mailing Address P. O. BOX 1329 SARASOTA, FL 34230 US |
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04112007 No Chg-P CR2E034 (11/05)

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|---------------------------------------|--------------------------------|
| 4. FEI Number 65-0557704 | Applied For Not Applicable |
| 5. Certificate of Status Desired 6 | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MCGINNESS, W LEE
1800 SECOND STREET
SUITE 971
SARASOTA, FL 34236

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

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|---|---|---------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | DPT GRIFFIN, WILLIAM D 1924 S OSPREY AV SUITE 200 SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS SALSER, RANDAL D 1924 S OSPREY AV STE 200 SARASOTA, FL 34239 |
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05/11/07-80070-009 158.75

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: Randy J. K. Date: 4/23/07 Daytime Phone #: (941) 316-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR