

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015768

Entity Name: GRACE ASSOCIATES, INC.

FILED
Jun 15, 2007
Secretary of State

Current Principal Place of Business:

2424 ANDALUSIA WAY NE
ST. PETERSBURG, FL 33704

New Principal Place of Business:

2309 CARDENAS AVE.
TAMPA, FL 33629

Current Mailing Address:

2424 ANDALUSIA WAY NE
ST. PETERSBURG, FL 33704

New Mailing Address:

2309 CARDENAS AVE.
TAMPA, FL 33629

FEI Number: 59-3364912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, BRUCE S
2424 ANDALUSIA WAY NE
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

WELCH, BRUCE S
2309 CARDENAS AVE.
TAMPA, FL 33629 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

06/15/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELCH, BRUCE S
Address: 2424 ANDALUSIA WAY NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: STD () Delete
Name: WELCH, TERRI L
Address: 2424 ANDALUSIA WAY NE
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WELCH, BRUCE S
Address: 2309 CARDENAS AVE.
City-St-Zip: TAMPA, FL 33620

Title: STD (X) Change () Addition
Name: WELCH, TERRI L
Address: 2309 CARDENAS AVE.
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE S. WELCH

Electronic Signature of Signing Officer or Director

PD

06/15/2007

Date