


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90061 038 ***150.00

DOCUMENT # P96000058657	
1. Entity Name GOLLY! GRANTS ON LINE, INC.	

Principal Place of Business 11295 N 38TH ST CORAL SPRINGS, FL 33065	Mailing Address 11295 N 38TH ST CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0684393	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MENDELL, JAY S 11295 N 38TH ST CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDELL, JAY S 11295 N 38TH ST CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR JOAN B. MENDELL 11295 NW 38 ST CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR