

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062099

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: GRACE POOL FINISHING, INC.

## Current Principal Place of Business:

5519 MAINSHIP DR  
GREENACRES, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

5519 MAINSHIP DR  
GREENACRES, FL 33463

## New Mailing Address:

FEI Number: 65-0683441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOHNSON, STANLEY E JR.  
1444 BISCAYNE BLVD. STE 220  
MIAMI, FL 33132      US

## Name and Address of New Registered Agent:

GRACE, SHEILA  
5519 MAINSHIP DRIVE  
GREENACRES, FL 33463      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: SHEILA GRACE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: GRACE, EDMOND  
Address: 5519 MAINSHIP DR  
City-St-Zip: GREENACRES, FL 33463

Title: DV      ( ) Delete  
Name: GRACE, SHEILA  
Address: 5519 MAINSHIP DR  
City-St-Zip: GREENACRES, FL 33463

Title: TRES      ( ) Delete  
Name: GRACE, DEMETRIUS  
Address: 5519 MAINSHIP  
City-St-Zip: GREENACRES, FL 33463

Title: SEC.      ( ) Delete  
Name: CEDRIC, GRACE  
Address: 2550 N.W. 66 AVENUE  
City-St-Zip: LAUDERHILL, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHEILA GRACE

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date