
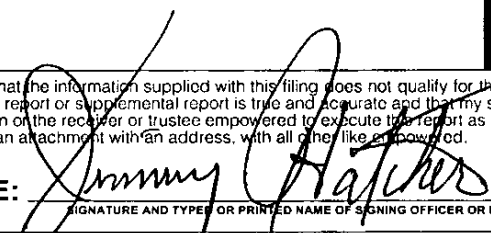


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000080752</b> 1. Entity Name <b>TALLAHASSEE GRANDE CORPORATION</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">07 MAY 29 PM 1:05</div> <div style="font-size: 0.8em;">SECRETARY OF STATE - TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>7704 NW MLK ROAD HI-WAY C-270 NORTH BRISTOL, FL 32321</b>				Mailing Address <b>7704 NW MLK ROAD HI-WAY C-270 NORTH BRISTOL, FL 32321</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country				City & State  Zip      Country			
4. FEI Number <b>59-3413276</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>HATCHER, JIMMY STAR RT. 2, BOX 54 HWY.C-270 N. SWEETWATER COMMUNITY BRISTOL, FL 32321</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATCHER, JIMMY 7704 NW MLK ROAD BRISTOL, FL 32321			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.2em;"> <b>600104261406</b>  <b>06/12/07--01025--014 **158.75</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 the 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.							
<b>SIGNATURE:</b> 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____							