

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024528

Entity Name: PRACTICAL GROWTH, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

5987 KLINE RD.
NIAGARA FALLS, NY 143041024 US

New Principal Place of Business:

Current Mailing Address:

5987 KLINE RD.
NIAGARA FALLS, NY 143041024 US

New Mailing Address:

FEI Number: 65-0753123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIER, STEVEN
19601 E. COUNTRY CLUB DRIVE, #204
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRIUISONDOLY, MILLIE
Address: 5987 KLINE RD.
City-St-Zip: NIAGARA FALLS, NY 143041024 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: TRIUISONDOLY, MILLIE
Address: 5987 KLINE RD.
City-St-Zip: NIAGARA FALLS, NY 143041024 US

Title: PRES () Change (X) Addition
Name: BRIER, STEVEN
Address: 19601 E. COUNTRY CLUB DRIVE, #204
City-St-Zip: AVENTURA, FL 33180

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: STEVEN BRIER

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date