2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2004
Secretary of State

DOCUMENT# P97000034053

Entity Name: THE PLACE ON GRACE, INC.

Current Principal Place of Business:

425-A GRACE AVE.
PANAMA CITY, FL 324012721

New Principal Place of Business:

429 HARRISON AVENUE
PANAMA CITY, FL 324012721

Current Mailing Address:

425-A GRACE AVE.
PANAMA CITY, FL 324012721

New Mailing Address:

429 HARRISON AVENUE
PANAMA CITY, FL 324012721

FEI Number: 59-3448083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATAMIAN, ROBIN M
425-A GRACE AVE.
PANAMA CITY, FL 324012721

Name and Address of New Registered Agent:

ATAMIAN, ROBIN M
429 HARRISON AVENUE
PANAMA CITY, FL 324012721

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: _____ 07/03/2004
Electronic Signature of Registered Agent — 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: P ( ) Delete
Name: ATAMIAN, ROBIN
Address: 425 GRACE AVE
City-St-Zip: PANAMA CITY, FL 32401

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ATAMIAN, ROBIN
Address: 429 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP ( ) Change (X) Addition
Name: MCMINIS, BARBARA
Address: 613 MISSOURI AVE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBIN ATAMIAN P 07/03/2004
Electronic Signature of Signing Officer or Director — Date