

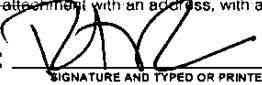


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 023 ***150.00

DOCUMENT # P97000046278 1. Entity Name GRAND SHORES MANAGEMENT GROUP, INC.			
Principal Place of Business 215 GRAND BLVD. SUITE 200 DESTIN, FL 32550 US		Mailing Address 215 GRAND BLVD. SUITE 200 DESTIN, FL 32550 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip - Country		3. Mailing Address 2950 N. 28 TERRACE Suite, Apt. #, etc. City & State HOLLYWOOD, FL Zip - Country 33020	
			
		03192008 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-3449676	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORMLEY, TERRY P 215 GRAND BLVD. SUITE 200 DESTIN, FL 32550		7. Name and Address of New Registered Agent Name KALLICHE, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 2950 N. 28 TERRACE City HOLLYWOOD FL Zip Code 33020	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MAYNARD, STEVEN H STREET ADDRESS 215 GRAND BLVD., SUITE 200 CITY-ST-ZIP DESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE C NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME MAYNARD, LORETTA K STREET ADDRESS 215 GRAND BLVD., SUITE 200 CITY-ST-ZIP DESTIN, FL 32550	<input checked="" type="checkbox"/> Delete	TITLE T NAME RABIN, ROBERT STREET ADDRESS 2950 N. 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME GORMLEY, TERRY P STREET ADDRESS 215 GRAND BLVD., SUITE 200 CITY-ST-ZIP DESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO NAME HAWLEY, SHEILA STREET ADDRESS 215 GRAND BLVD., SUITE 200 CITY-ST-ZIP DESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE S NAME KALLICHE, ANTHONY STREET ADDRESS 2950 N. 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33024	<input type="checkbox"/> Change <input checked="" 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 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: 		ROBERT RABIN 3/19/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	