2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 08:00 AM Secretary of State DOCUMENT # P97000071580 RUSSELL GRANT & ASSOCIATES, INC. Mailing Address Principal Place of Business 2435 RIDGEWIND WAY 2435 RIDGEWIND WAY WINDERMERE, FL 34786 WINDERMERE, FL 34786 CR2E034 (10/03) 04292005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3455148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GRANT, RUSSELL T 2435 RIDGEWOOD WAY IN THIS SPACE WINDERMERE, FL 34786 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. Signature, typod or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 100000362292 45/05/05-80110-018 TITLE GRANT, RUSSELL T NAME 2435 RIDGEWOOD WAY STREET ADDRESS CITY-\$1-ZIP WINDERMERE, FL 34786 TITLE GRANT, ROBIN T 2435 RIDGEWOOD WAY STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). 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 office 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED