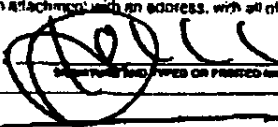


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 8:52

DOCUMENT # P97000075374			
1. Entity Name GRAHAM HANOVER, INC.			
Principal Place of Business 2 SOUTH DISCAYNE BLVD 2005 MIAMI, FL 33131 US		Mailing Address 19 SOUTHERN CROSS CIRCLE, STE 104 BOYNTON BEACH, FL 33436	
2. Principal Place of Business 19 SOUTHERN CROSS CIRCLE		3. Mailing Address 19 SOUTHERN CROSS CIRCLE	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State BOYNTON BEACH FL		City & State BOYNTON BEACH FL	
Zip 33436	Country FL	Zip 33436	Country FL
4. FEI Number NOT APPLICABLE		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOCHE, THEROL 19 SOUTHERN CROSS CIRCLE S #104 BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
8. The above named entity certifies this statement for the purpose of changing its registration office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, word or brand name of registered agent and not a corporate officer; Registered Agent agreement required when renewing			
FILE NUMBER FEE IS \$600.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCE VOCHE, THEROL E 19 SOUTHERN CROSS CIRCLE STE 104 BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DANTZLER, JANICE 6221 SW 62 TERRACE MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FREEDOM, ANNE B 1541 SUNSET DRIVE CORAL GABLES, FL 33143	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FISCHER, ED 1541 SUNSET DRIVE CORAL GABLES, FL 33143	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRAHAM, PANSY 14816 CARVEN DRIVE MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LYONS, NATALIE 1010 ANDORA CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 proprietor 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  THEROL VOCHE PRESIDENT AUGUST 27, 05			