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	Mailing Address
2 SOUTH BISCAYNE BLVD 2885 MIAMI, FL 33131 US	19 SOUTHERN CROSS CIRCLE, STE 104 BOYNTON BEACH, FL 33436

2. Principal Place of Business	3. Mailing Address
19 Southern Cross Circle	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: PALM BEACH	Zip: 33436 Country: PALM BEACH

08302005 Chg-P CR2E034 (10/03)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOCHE, THEROL 19 SOUTHERN CROSS CIRCLE S #104 BOYNTON BEACH, FL 33436	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and date if appropriate (NOTE: Registered Agent signature required when reinstating)

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-ST-ZIP	PVCE VOCHE, THEROL E 19 SOUTHERN CROSS CIRCLE STE 104 BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANTZLER, JANICE 6221 SW 62 TERRACE MIAMI, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEDOM, ANNE B 1541 SUNSET DRIVE CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100059813691 09/21/05--01016--005 **558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHER, ED 1541 SUNSET DRIVE CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, PANSY 14810 CARVEN DRIVE MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYONS, NATALIE 1010 ANDORA CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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)(i), 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: THEROL VOCHÉ PRESIDENT AUGUST 27, 05
Signature and typed or printed name of individual Officer or Director — Date — Daytime Phone #