

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90084 004 ***150.00

DOCUMENT # P97000075374					
1. Entity Name GRAHAM HANOVER, INC.					
Principal Place of Business 19 SOUTHERN CROSS CREEK CIRCLE #104 BOYNTON BEACH, FL 33436 US			Mailing Address 19 SOUTHERN CROSS CREEK CIRCLE #104 BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01252007 Chg-P CR2E034 (12/06) 65-0778108	
5. Certificate of Status Desired <input type="checkbox"/>				\$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: <u>THEROL VOCHE</u> Street Address (P.O. Box Number is Not Acceptable) <u>19 Southern Cross Circle #104</u> City: <u>BOYNTON BEACH</u> <u>FL</u> Zip Code: <u>33436</u>		
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: <u>January 26, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (MORE - Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	P/CE VOCHE, THEROL E 19 SOUTHERN CROSS CIRCLE STE 104 BOCA RATON, FL 33434	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTZLER, JANICE 6221 SW 62 TERRACE MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDOM, ANNE B 1541 SUNSET DRIVE CORAL GABLES, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, ED 1541 SUNSET DRIVE CORAL GABLES, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, PANSY 14816 CARVEN DRIVE MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, NATALIE 1010 ANDORA CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete			
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: <u>January 26, 2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					