

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90036 037 \*\*\*150.00

<b>DOCUMENT # P97000082916</b> 1. Entity Name <b>GRAND PLACID RESORT INC.</b>					
Principal Place of Business <b>7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314</b>			Mailing Address <b>7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>14201 W. Sunrise Blvd Suite 201</b>		3. Mailing Address Suite, Apt. #, etc. <b>14201 W. Sunrise Blvd Suite 201</b>			
City & State <b>Sunrise, FL 33323</b>		City & State <b>Sunrise, FL 33323</b>			
Zip 		Country 		4. FEI Number <b>65-0785592</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARR, DANIEL A 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14201 W. Sunrise Blvd Suite 201</b> City <b>Sunrise, FL 33323 FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREED, JERE D 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14201 W. Sunrise Blvd Suite 201 Sunrise, FL 33323</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARR, DANIEL A 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14201 W. Sunrise Blvd Suite 201 Sunrise, FL 33323</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>mea</b> <span style="float: right;">1/6/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					