2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

Davisne Phone #

DOCUMENT #	P97000101664
------------	--------------

1. Entity Name

FR GRANT CONSULTING, INC.



Principal Place of Business

601 N CONGRESS AVE #425 DELRAY BEACH, FL 33445 Mailing Address

601 N CONGRESS AVE #425 DELRAY BEACH, FL 33445



DO NOT WRITE IN THIS SPACE

4182007	No Chg-P	CR2E034 (11/05)	

4. FEI Number
65-0802083

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, FREDERICK R 601 N CONGRESS AVENUE #425 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

	lions of registered agent.	ourpose of cn	anging its regis	stered office c	r registered agent, or	both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title	if applicable	(NOTE: Regu	stered Agent signa	ure required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		- I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRANT, FREDERICK R 601 N CONGRESS AVE #425 HOLLYWOOD, FL 33021					
TITLE NAME STREET AODRESS CITY-ST-ZIP						U00000740678 05/14/07-80077-004 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
of the cor	on this report or supplemental report is true a	and accurate a to execute the	and that my sig his report as re	mature shall t	ave the same lenal of	119, Florida Statutes, I further certify that the information fect as if made under oath; that I am an officer or director utes; and that my name appears in Block 10 or Block 11 if