2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 22, 2008 08:00 AM Secretary of State **DOCUMENT # P97000108871** 1. Entity Name GRALLO PROPERTIES, INC. Principal Place of Business Mailing Address 223 66TH STREET SOUTH P.O. BOX 189 ST. PETERSBURG, FL 33707 SOUTH YARMOUTH, MA 02664 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3496720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WILKINSON, G. BARRY 696 1ST AVENUE NORTH **SUITE 201** IN THIS SPACE ST. PETERSBURG, FL 33701 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be U00000791559 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME THERRIAULT, SHARON STREET ADDRESS 34 STATION AVENUE CITY-ST-ZIP S. YARMOUTH, MA 02664 ΠηLΕ NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this fiting 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:

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

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