2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000018146

CONWAY GROVES, INC.



Principal Place of Business

105 E ROBINSON STREET

SUITE 310 ORLANDO, FL 32801 Mailing Address

105 E ROBINSON STREET

SUITE 540

ORLANDO, FL 32801

FILED Mar 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3500314 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name an	d Address of	Current	Registered	Agent

MCCALL, RANDALL E 105 E. ROBINSON STREET STE 540 ORLANDO, FL. 32801

DO NOT WRITE IN THIS SPACE

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	of applicable (NOTE: Registered	Agent signatur	à required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	P. 10			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCALL, RONALD W PO BOX 699 APOPKA, FL 327040699							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCCALL, HOLLY J PO BOX 699 APOPKA, FL 327040699				000000662659 03/21/07-80022-012 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCCALL, RANDALL E PO BOX 699 APOPKA, FL 327040699			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN ⁻	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS	·	r		. ,				

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.

NING OFFICER OR DIRECTOR