


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90042 023 ***150.00

| | |
|---|---|
| DOCUMENT # P98000032074 |  |
| 1. Entity Name THE GRL ORGANIZATION, INC. | |

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|---|---|
| Principal Place of Business 621 NW 53RD STREET STE 240 BOCA RATON, FL 33487 | Mailing Address 621 NW 53RD STREET STE 240 BOCA RATON, FL 33487 |
|---|---|

50024478




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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07312006 Chg-P CR2E034 (11/05)

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|--|--|--|
| 4. FEI Number 65-0844536 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent WEINSTEIN, FRED 1903 S CONGRESS AVE, STE 310 BOYNTON BEACH, FL 33426 | | 7. Name and Address of New Registered Agent Name VITO CUTUGNO Street Address (P.O. Box Number is Not Acceptable) 621 NW 53RD STREET SUITE 240 City BOCA RATON FL Zip Code 33487 |

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.

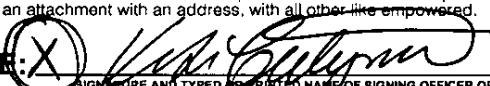
SIGNATURE:  **VITO CUTUGNO - PRES.** DATE **7/31/06**

(NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUTUGNO, VITO 3221 S OCEAN BLVD APT 909 BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CUTUGNO, ROSE 3221 S OCEAN BLVD APT 909 BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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.

SIGNATURE:  **VITO CUTUGNO - PRES.** DATE **7/31/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR