2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P98000039637 05-01-2006 90479 013 ***150.00 JAMES FASHAW GRADING SERVICE, INC. Principal Place of Business Mailing Address 50017738 11545 57TH ROAD NORTH 11545 57TH ROAD NORTH ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0834373 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FASHAW, JAMES Street Address (P.O. Box Number is Not Acceptable) 11545 57TH ROAD NORTH ROYAL PALM BEACH, FL 33411 Zip Code FI 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, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE ___ Addition Change FASHAW, JAMES NAME MARKE STREET ADDRESS 11545 57TH ROAD NORTH STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP Delete VP/S TITLE TITLE Change ☐ Addition FASHAW, DARLENE NAME 11545 57TH ROAD NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

4-27-06

Daytime Phone #

Change

☐ Addition

FILED