



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000040131</b>		
1. Entity Name <b>GRAYDON MARKETING INCORPORATED</b>		
Principal Place of Business <b>145 LAKE NANCY LANE 130 WEST PALM BEACH, FL 33411 US</b>		Mailing Address <b>145 LAKE NANCY LANE 130 WEST PALM BEACH, FL 33411 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BERMAN, BRIAN M 145 LAKE NANCY LANE #130 WEST PALM BEACH, FL 33411</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BERMAN, BRIAN M	
STREET ADDRESS	145 LAKE NANCY LANE #130	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 to this report.		
SIGNATURE: 		<b>4/5/07</b> Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>9549202727</b> Daytime Phone #



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0832532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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04/17/07-80062-018 150.00

**DO NOT WRITE  
IN THIS SPACE**