


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000034411		
1. Entity Name ADAM GRANT DESIGN, INC.		
Principal Place of Business 800 SW 14 TERRACE FT. LAUDERDALE, FL 33312		Mailing Address 800 SW 14 TERRACE FT. LAUDERDALE, FL 33312
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRANT, ADAM 800 SW 14 TERRACE FT. LAUDERDALE, FL 33312		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 <u>Adam C. Grant</u> DATE <u>02-01-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANT, ADAM 800 SW 14 TERRACE FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GRANT, ADAM 800 SW 14 TERRACE FT. LAUDERDALE, FL 33312	
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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 with an address, with all other like empowered.		
SIGNATURE: <u>Adam C. Grant</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>02-01-08</u> DAYTIME PHONE # <u>954-764-0109</u>



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0924024	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000815720
02/14/08-80020-009 150.00

**DO NOT WRITE
IN THIS SPACE**