2004 FOR PROFIT CORPORATION ANNUAL BEPORT (AR)

SIGNATURE:

## Feb 10, 2004 08:00 AM Secretary of State DOCUMENT # P99000042598 1. Entity Name GRAIN IT TECHNOLOGIES INC. Principal Place of Business Mailing Address 528 AVE. C. S.E. WINTER HAVEN FL 33880 528 AVE. C, S.E. WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3576388 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WESTLAKE, EDWARD E Street Address (P.O. Box Number is Not Acceptable) 2201 W. PILAKLAKAHA AVE. **AUBUUNDALE FL 33823** City Zıp Code FL 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 4 applicable (NOTE Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete BHF ☐ Change TITLE PST Addition WESTLAKE, EDWARD MAME MAME U000000044867 STREET ADDRESS 2201 W. PILAKUAHA AVE. STREET ADDRESS AUBURNDALE FL 33823 CETY - ST- 78P 02/11/04-80039-003 150.00 CHTY-ST-7IP ☐ Delete ☐ Change ☐ Addition TOLE रहा ह NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change Addition TITE MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Delete THLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**FILED**