

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21149

FILED
Apr 26, 2004
Secretary of State

Entity Name: GRANNY NANNIES OF NORTH AMERICA, INC.

Current Principal Place of Business:

1912 BOOTHE CIR
STE 300
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1912 BOOTHE CIR
STE 300
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-3048097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGSON, ROBERT D.
282 EAGLET WAY
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

HODGSON, ROBERT D.
1912 BOOTH CIRCLE SUITE 300
LONGWOOD, FL 32750 US

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.

SIGNATURE:

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HODGSON, WILLIAM E., JR.
Address: 30 FAITH DR
City-St-Zip: HAMPSTEAD, NH

Title: DCT () Delete
Name: HODGSON, MARILYN J
Address: 30 FAITH DR
City-St-Zip: HAMPSTEAD, NH

Title: DP () Delete
Name: HODGSON, ROBERT D.,
Address: 282 EAGLET WAY
City-St-Zip: LAKE MARY, FL

Title: DVS () Delete
Name: HODGSON, KIRSTEN A.
Address: 282 EAGLET WAY
City-St-Zip: LAKE MARY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HODGSON, WILLIAM E., JR.
Address: 893 COPPERFIELD TERRACE
City-St-Zip: CASSELBERRY, FL

Title: DCT (X) Change () Addition
Name: HODGSON, MARILYN J
Address: 893 COPPERFIELD TERRACE
City-St-Zip: CASSELBERRY, FL

Title: DP (X) Change () Addition
Name: HODGSON, ROBERT D.,
Address: 1912 BOOTH CIRCLE SUITE 300
City-St-Zip: LONGWOOD, FL

Title: DVS (X) Change () Addition
Name: HODGSON, KIRSTEN A
Address: 1912 BOOTH CIRCLE SUITE 300
City-St-Zip: LONGWOOD, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D HODGSON

PRES

04/26/2004

Electronic Signature of Signing Officer or Director

Date