

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76983

FILED
Jan 05, 2006
Secretary of State

Entity Name: THE GIRATA GROUP, INC.

Current Principal Place of Business:

5817 WHISPERING PINES RD.
LAKELAND, FL 33811

New Principal Place of Business:

3635 VENTURA DR. W.
LAKELAND, FL 33811

Current Mailing Address:

5817 WHISPERING PINES RD.
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 59-3080387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRATA, DANIEL J.
5817 WHISPERING PINES ROAD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIRATA, DANIEL J.,
Address: 5817 WHISPERING PINES RD
City-St-Zip: LAKELAND, FL

Title: STD () Delete
Name: GIRATA, ANNE M.,
Address: 5817 WHISPERING PINES RD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: MAYO, JOSEPH A.,
Address: 2940 CAROLINE AVE.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: MAYO, SUZANNE P.,
Address: 2940 CAROLINE AVE.
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DANIEL J. GIRATA

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date