*2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V38837

1. Entity Name BETTY O'GRADY, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

1191 N FEDERAL HWY DELRAY BEACH, FL 33483 Mailing Address

1191 N FEDERAL HWY DELRAY BEACH, FL 33483 US



DO	NOT	WRITE	IN THIS	SPACE
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04062007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Status Desired Sandal San

6. Name and Address of Current Registered Agent

US

O'GRADY, KAREN 653 IBIS DRIVE DELRAY BEACH, FL 33444

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	Signature, typed or printed name of registered agent and title I	If anglicable. (NQTE: Registerer	1 Anent signature	a required when reinstating)	DATE			
	algorithm, typed or printed trains or agents	approxime (100 money)	1 Piger is erg	Trough do Artor tan Campy,	T			
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	OTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'GRADY, KAREN 653 IBIS DRIVE DELRAY BEACH, FL			U00000711973 04/26/07-80027-014 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
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 with an address, with all other like empowered.

SIGNATURE: KALL ON AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07 561 265 1005