


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 625619 1. Entity Name GRANT-ALLAN ENTERPRISES, INC. |  |
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| Principal Place of Business PO BOX 2881 ST PETERSBURG FL 33731 | Mailing Address P O BOX 2881 ST PETERSBURG FL 33731-2887 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/06)

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|--------------------------------------|--------------------------------------|
| City & State Zip Country | City & State Zip Country |
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| 4. FEI Number 59-1919043 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent FARRELL, M TIMOTHY 100 2ND AVE S #600 SAINT PETERSBURG FL 33701 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|---|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DPST ALLAN, CORRINE A PO BOX 2881 ST PETERBURGS FL 33731-2881 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VP ALLAN, WILLIAM D PO BOX 2881 ST PETERSBURG FL 33731 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | U00000647610 03/06/07-80078-016 150.00 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William D. Allan* **William D. Allan** Feb 20/07 1-416-916-5064