

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K65243

Entity Name: TRU-RAY, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

%CYPRESS LOCKSMITH  
1650 CYPRESS DRIVE  
JUPITER, FL 33469 US

## Current Mailing Address:

% RAY PRESS  
3837 BUTTERCUP CIRCLE NORTH  
PALM BEACH GARDENS FL, 33410

FEI Number: 59-1864020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

CYPRESS LOCKSMITH  
3837 BUTTERCUP CIRCLE NORTH  
JUPITER, FL 33410 US

## New Mailing Address:

3837 BUTTERCUP CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410

## Name and Address of Current Registered Agent:

PRESS, RAY  
3837 BUTTERCUP CIRCLE NORTH  
PALM BEACH GARDENS FL, FL 33410 US

## Name and Address of New Registered Agent:

PRESS, RAY  
3837 BUTTERCUP CIRCLE NORTH  
PALM BEACH GARDENS, FL 33410 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: PRESS, RAY,  
Address: 3837 BUTTERCUP CIR NORTH  
City-St-Zip: PALM BCH GARDENS FL, 33410

Title: STD ( ) Delete  
Name: PRESS, TRUDIE,  
Address: 3837 BUTTERCUP CIR NORTH  
City-St-Zip: PALM BCH GARDENS FL, 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TOM S. THORSEN, CPA

Electronic Signature of Signing Officer or Director

CPA

04/28/2006

Date