

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080799

Entity Name: SUNRAY MARINE, INC.

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

9571 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9770 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0701511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, TIMOTHY
9770 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 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: DP () Delete
Name: BROOKS, TIMOTHY
Address: 9770 CYPRESS LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: DST () Delete
Name: BROOKS, TERUKO
Address: 9770 CYPRESS LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: DVP () Delete
Name: ELLIS, JAMES R
Address: 11419 WATERFORD VILLAGE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: DVP () Delete
Name: BROOKS, TIMOTHY JR
Address: 1735 BRANTLEY ROAD # 2415
City-St-Zip: FORT MYERS, FL 33907

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: TIMOTHY BROOKS

PRES

02/28/2007

Electronic Signature of Signing Officer or Director

_____ Date