

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2006
Secretary of State**

DOCUMENT# P98000084594

Entity Name: GRAY FOX OF LAKE WALES, INC.

Current Principal Place of Business:

419 EAGLE RIDGE DRIVE
SPACE #205
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

9074 WEBSTER ST.
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 29-3537321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSS, GEORGE H ESQ.
907 WEBSTER STREET
LEESBURG, FL 34748 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 (X) Delete
Name: TALWAR, NARESH
Address: 419 EAGLE RIDGE DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: HARJANI, M R
Address: 419 EAGLE RIDGE DRIVE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HARJANI, M R
Address: 419 EAGLE RIDGE DRIVE
City-St-Zip: LAKE WALES, FL 33853

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: M.R. HARJANI

PD

04/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date