

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90022 018 \*\*\*150.00

|                                                   |                                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 246579</b>                          |  |
| 1. Entity Name<br>RAY ANTHONY INTERNATIONAL, INC. |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>280 NW 12TH AVE.<br>POMPANO BCH., FL 33069-2902 | Mailing Address<br>280 NW 12TH AVE.<br>POMPANO BCH., FL 33069-2902 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |



06302006 Chg-P CR2E034 (11/05)

|                             |                                                        |
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| 4. FEI Number<br>59-0951721 | Applied For<br><input type="checkbox"/> Not Applicable |
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|                                                           |                                |
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| 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<br>ELGIDELY, ROBERT F<br>1624 E. SUNRISE BLVD.<br>FT. LAUDERDALE, FL 33304 |  |
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| 7. Name and Address of New Registered Agent<br>Name: <u>Richard S. Ferchak Jr.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1401 NE 10th Street</u><br>City: <u>Pompano Beach</u> FL Zip Code: <u>33060</u> |  |
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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.<br>SIGNATURE: <u>[Signature]</u> <u>COO</u> <u>6-30-06</u><br>(NOTE: Registered Agent signature required when resigning) DATE |  |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b> |
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| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTVS<br>ANTHONY, RAY G<br>1401 N.E. 10TH ST.<br>POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ANTHONY, RAY G<br>1401 N.E. 10TH ST.<br>POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | COO<br>FERCHAK, RICHARD S<br>280 NW 12TH AVE.<br>POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 an other like empowered. |                                                                                    |
| SIGNATURE: <u>[Signature]</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Ray G. Anthony</u> <u>President</u> <u>412-466-3700</u><br>Date Daytime Phone # |