

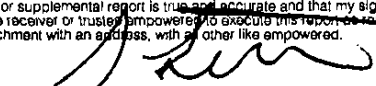


FILED
May 01, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 407884						
1. Entity Name RAY'S SHOWCASE, INC.						
Principal Place of Business 2340 ST 580 STE M CLEARWATER, FL 33763 US	Mailing Address 2340 SR 580 STE M CLEARWATER, FL 33763 US	 04302007 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%; padding: 2px;">4. FEI Number 59-1427176</td><td style="width: 30%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-1427176	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent GRIFFIN, DAVID W. 565 DUNCAN SOUTH CLEARWATER, FL 33756		DO NOT WRITE IN THIS SPACE				
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LETTRE, STEVEN R. 2508 SPINAKER COURT PALM HARBOR, FL	DO NOT WRITE IN THIS SPACE U00000753274 05/22/07-80013-015 150.00				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LETTRE, JOSEPH A. 1727 87TH TERRACE ST. PETERSBURG, FL 0.					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VC LETTRE, RAYMOND A 9285 ASHLEY DRIVE WEEKIE WACHEE, FL					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS LETTRE, RAYMOND A. 9285 ASHLEY DRIVE WEEKIE WACHEE, FL					
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
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, changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/30/07 <small>Daytime Phone #</small>				