2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 578474

Entity Name: GRAY TAXIDERMY, INC.

Current Principal Place of Business:

712 N.W. 12TH AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

712 N.W. 12TH AVENUE
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-1832979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, WILLIAM H.
712 NW 12TH AVE
POMPANO BCH, FL 33069 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: PTD ( ) Delete
Name: GRAY, WILLIAM H.,
Address: 712 N.W. 12TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VD ( ) Delete
Name: GRAY, LOIS CATHERINE,
Address: 712 N.W. 12TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VS ( ) Delete
Name: HALL, IAN
Address: 277 TROPIC DR
City-St-Zip: LAUDERDLE BY THE SEA, FL 33308

Title: VP ( ) Delete
Name: LAMPONE, LEO
Address: 4601 GLENNWOOD DRIVE
City-St-Zip: COCONUT CREEK, FL 33063

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 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: IAN HALL O 01/14/2009

Electronic Signature of Signing Officer or Director — Date