2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 2006 08:00 AN

		****	Apr 24, 2000 08:00 P
DOCUMENT # 622563 1. Entity Name SUNRAY ENTERPRISES, INC.			Secretary of State
Principal Place of Business 2710 ASHBURY LANE CANTONMENT, FL 32533	Mailing Address 2710 ASHBURY LANE CANTONMENT, FL 32533	-	e swalle wikh kiwali kali mika likuk kiki waka maka kili waka kiwali waka kiwali wiki ki kwali ki kwali
	A CONTRACTOR OF THE SECOND	हैं के के भर पी के अर्थक के प्राप्तीत राजारीया है जिस के किया की प्राप्तीत की	
DO NOT WRITE			03222006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 59-1909985 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
KECK, FRED L PRES 2710 ASHBURY LANE CANTONMENT, FL 32533	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with accept the obligations of registered agent. SIGNATURE State of Florida. I am familiar with accept the obligations of registered age			
After May 1, 2006 Fee will be \$550.0			
10. OFFICERS AND D	IRECTORS		000000527147 05/04/06-80103-005 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS		e de la companya de l	DO NOT WRITE IN THIS SPACE
CITY-ST-2IP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE		The agencies of the second	

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGN ING OFFICER OR DIRECTOR

1845

850-478-5569 Daylime Phone #