2008 FOR PROFIT CORPORATION

وميء التمراد

Feb 28, 2008 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # F07000003975 1. Entity Name BRAY SALES, INC. Principal Place of Business 13333 WESTLAND EAST BLVD. 13333 WESTLAND EAST BLVD. HOUSTON, TX 77041 HOUSTON, TX 77041 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 72-0469829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. DO NOT WRITE 155 OFFICE PLAZA DRIVE SUITE A IN THIS SPACE TALLAHASSEE, FL 32301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS VD TITLE RAYMOND, FRANK J NAME STREET ADDRESS 13333 WESTLAND EAST BLVD. CITY-ST-ZIP HOUSTON, TX 77041 **PSTD** TITLE NAME BROWN, CRAIG C 000000842495 03/11/08-80032-020 150.00 STREET ADDRESS 13333 WESTLAND EAST BLVD. CITY-ST-ZIP HOUSTON, TX 77041 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST - ZIP

FILED