


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F78783</b> 1. Entity Name HER-RAY, INC.	
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Principal Place of Business 3328 NE 32ND ST. 3332 N.E. 32ND STREET FT. LAUDERDALE FL 33308 US	Mailing Address 3328 NE 32 ST. 3332 N.E. 32ND STREET FT LAUDERDALE FL 33308 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	3. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number 59-2190509	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BRYAN, BARBARA B 3328 NE 32 ST FT LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete HOPKINS, ALICE K
STREET ADDRESS	3829 NE 33RD CT., APT 207
CITY-ST-ZIP	FT LAUDERDALE FL 33306
TITLE	PD <input type="checkbox"/> Delete BRYAN, BARBARA B
STREET ADDRESS	21822 CONTADO RD
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

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

U00000306596  
04/15/05-80019-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alice K. Hopkins - Alice K Hopkins 4/13/05 954-566-2768  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #