FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 10, 2003 8:00 am

| DOCUMENT # F94000004470 1. Entity Name SUNRAY, INC. | | | | | Secretary of State 03-10-2003 90125 026 ***150.00 | | |
|--|--|--|--|--|---|-----------------------------------|--|
| | DO NOT WRITE | IN THIS SE | PACE | | | | |
| 2. Principal Place of Business 16016 US HWY 301 | | 3. Mailing Address 16016 US HWY 301 | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | | | 4. | FEI Number Applied For | | |
| DADE CITY, FL Zip Country | | DADE CITY, FL Zip Country | | | 59-3260895 | Not Applicable | |
| 33525 | , , , , , , , , , , , , , , , , , , , | 33525 | · | | Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | ************************************** | | Name | 7Na | ame and Address of Current Registered | d Agent | |
| | DO NOT WI | - | Street Addres | YAGER, LEROY T Street Address (P.O. Box Number is Not Acceptable) 16016 US HWY 301 | | | |
| | IIV I DIO OF | ACE | | | | | |
| | | | City | DADE CITY TL 33525 | | | |
| SIGNATURE | named entity submits this statement for stat | | registered office or regis | | | | |
| Tax filing re | oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | After May 1 Amended | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 11. | OFFICERS AND D | IRECTORS | | | | | |
| TITLE NAME | YAGER, LEROY T | | TITLE NAME | | | | |
| STREET ADDRESS | 16016 US HWY 301 | | STREET ADDRESS | | | , | |
| CITY-ST-ZIP | DADE CITY FL 33525 | | CITY-ST-ZIP | | | | |
| TITLE NAME | VACED ELTZADEMI A | | TITLE | | | | |
| STREET ADDRESS | YAGER, ELIZABETH A 16016 US HWY 301 | | NAME STREET ADDRESS | | | , | |
| CITY-ST-ZIP | DADE CITY FL 33525 | | CITY-ST-ZIP | | | | |
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| NAME STREET ADDRESS | | | NAME CTREET ADDRESS | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY+ST-ZIP | * | DO NOT WRI | TE | |
| TITLE | | | TITLE | · | IN THIS SPAC | | |
| NAME Street Address | | | NAME | | IN THIS SPAC | , | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY+ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | | | TITLE | | | 86 | |
| NAME | | | NAME | • | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | | | TITLE | · | | | |
| NAME | | , | NAME | | | - " | |
| STREET ADDRESS | | • | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | , | | |

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR PRESIDENT

Date

(352) 521-5660