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2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # H91094** 04-28-2008 90370 010 ***150.00 RAYCO FUNDING AND DEVELOPMENT. INCORPORATED Principal Place of Business Mailing Address 10168004 **500 WALKER STREET 500 WALKER STREET** HOLLY HILLS, FL 32117 HOLLY HILLS, FL 32117 HS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2846197 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, GREGORY Street Address (P.O. Box Number is Not Acceptable) 500 WALKER ST HOLLY HILL, FL 32117 Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change Addition TITLE THOMPSON, GREGORY NAME NAME STREET ADDRESS 500 WALKER ST. STREET ADDRESS CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition CLARK, KELLI L NAME NAME 3322 WILLOW OAK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY - ST - ZIP Delete TITLE TOLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change Addition STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

GREGORY BTHOURSON PRESIDENT

WE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED