FILED Apr 28, 2008 8:00 am

2008	FOR PROFIT CORPORATION
	ANNUAL REPORT

	AMNUAL	. KEPUKI		Secretary	of Stata		
1. Entity Nan	MENT # J82555 RAY'S TAXIDERMY, INC.			04-28-2008 90383 (
Principal Plac	on of Rusiness	Mailing Address		7			
Principal Place of Business 3030 N COUNTY RD 426 GENEVA, FL 32732		Mailing Address 439-C AULIN AVE. OVIEDO, FL. 3030 N. COUNTY RD. 426 GENEVA, FL 32732		I (ESUMS AUGU IANA (MAGU AND) ANDI ANDI ANDI ANDI ANDI	TIÂN KITIR KIAN ALKITAKE NEMALA		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address 3030 N Cou	nty Rd 426				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · ·	04222008 Chg-P CR28	E034 (12/06)		
City & State		Geneva	FL	4. FEI Number 59-2856948	Applied For Not Applicable		
Zip	Country	Zip 32732	Country States	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered	d Agent		
3030 N. C	RISCILLA ANN OUNTY RD. 426 FL 32732	s (P.O. Box Number is Not Acceptable)					
			City	, , - ^ F	■ Zip Code		
8. The above	named entity submits this statement for	r the nurnose of changing it	e registered office or regist	•	— 1		
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. (NO	TE: Registered Agent signature requir	red when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 11		
TITLE	PDT SARVE	☐ Delete	TITLE		Change Addition		
NAME GRAY, GARY S. STREET ADDRESS 3030 N. COUNTY RD. 426			NAME Street address				
CITY+ST-ZIP	GENEVA, FL		CITY-ST-ZIP				
TITLE	SD	Delete	TIME		☐ Change ☐ Addition		
NAME	GRAY, PRISCILLA ANN		NAME		_ onengo _ onengo		
STREET ADDRESS	3030 N. COUNTY RD. 426		STREET ADDRESS				
CITY-ST-ZIP	GENEVA, FL		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		Change Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	. — •		CITY-ST-ZIP	1-			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME		ET DEIGIE	NAME	•	C Ownings C Minimon		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME Street address				
CITY-\$7-ZIP			CITY-ST-ZIP	<u>.</u> *			
12. 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if							
of the corporation or the receiver of 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.							