2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 01, 2006 08:00 AM DOCUMENT # L54140 Secretary of State 1. Entity Name MICHAEL GRAY & ASSOCIATES, INC. Principal Place of Business Mailing Address 3000 GULF TO BAY BLVD 3000 GULF TO BAY BLVD SUITE 503 SUITE 503 CLEARWATER, FL 33759 US CLEARWATER, FL 33759 No Chg-P CR2E034 (11/05) 01262006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2992254 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAY, MICHAEL D. DO NOT WRITE 1648 RIDGE TOP WAY CLEARWATER, FL 33765 IN THIS SPACE 3. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. S 7177 F GRAY, MICHAEL D. NAME 1648 RIDGE TOP WAY STREET ADDRESS CLEARWATER, FL 33765 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-20P 3 17 (7

12. I hereby certify that the information supplied with this filling 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 shell have the same legal effect as if made under eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP