


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L90281
 1. Entity Name
THE RAY CONNELL CORPORATION



Principal Place of Business Mailing Address
 1856 CADENCE CT 1856 CADENCE CT
 CHULUOATA, FL 32766 US CHULUOATA, FL 32766 US

DO NOT WRITE IN THIS SPACE

04152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3021469 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONNELL, MANNIE R., II
 1856 CADENCE CT
 CHULUOTA, FL 32766

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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 reselecting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CONNELL, MANNIE R., II
STREET ADDRESS	1856 CADENCE CT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	DS
NAME	CONNELL, KELLIE
STREET ADDRESS	1856 CADENCE CT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/07-80014-002 150.00

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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 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: *Mannie R. Connell* **MANNIE CONNELL** 4/15/07 407-959-0308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #