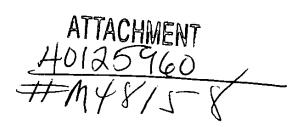
2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 19, 2007 8:00 am Secretary of State DOCUMENT # M48158 07-19-2007 90022 041 ***150.00 CAROL L. BRAY ENTERPRISES, INC. Principal Place of Business Mailing Address 702 S.W. 15TH STREET 702 S.W. 15TH STREET POMPANO BEACH, FL 33060 US POMPANO BEACH, FL 33060 2. Principal Place of Business - No P.O. Box # 301 S.W. 15th Avenue 3. Mailing Address 301 S.W. 15th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 07102007 Chg-P CR2E034 (12/06) City & State Pompano Beach, FL. City & State Pompano Beach, FL. Applied For 4. FEI Number 59-2786984 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S. 33069 U.S. 33069 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAY, CAROL L Street Address (P.O. Box Number is Not Acceptable) 1711 S.W. 2ND AVENUE POMPANO BEACH, FL 33060 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRAY, CAROL L. NAME NAME STREET ADDRESS 1711 S.W. 2ND AVENUE STREET ADDRESS POMPANO BEACH, FL 33060 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

CHING OFFICER OR DIRECTOR

FILED



Carol L. Bray Enterprises, Inc. 301 S.W. 15th Avenue Pompano Beach, Florida 33069 Doc. # M48158 FEI # 59-2786984 July 10, 2007

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Dear Sirs;

I am enclosing the completed Annual Report form along with my check for \$150.00 which is the regular yearly filing fee.

I respectfully request that you accept this amount. I changed locations at the beginning of this year (as you can see from the address change on the form) and never received the original reminder card for the May 1 deadline. It was not my intention to ignore the May 1 filing date.

Thank you for your attention in this matter.

Carol L. Bray President