


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90022 041 ***150.00

DOCUMENT # M48158 1. Entity Name CAROL L. BRAY ENTERPRISES, INC.					
Principal Place of Business 702 S.W. 15TH STREET POMPANO BEACH, FL 33060 US			Mailing Address 702 S.W. 15TH STREET POMPANO BEACH, FL 33060 US		
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.			
City & State Pompano Beach, FL.		City & State Pompano Beach, FL.		4. FEI Number 59-2786984	
Zip 33069		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAY, CAROL L 1711 S.W. 2ND AVENUE POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRAY, CAROL L. 1711 S.W. 2ND AVENUE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Carol L. Bray</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/16/07 Daytime Phone: #		

ATTACHMENT
40125960
~~#M48158~~

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