

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000040849

1. Entity Name
GRAYS LIMITED, INC.



Principal Place of Business 4012 CORTEZ ROAD WEST STE 2202 BRADENTON, FL 34210	Mailing Address 4012 CORTEZ ROAD WEST STE 2202 BRADENTON, FL 34210
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3644812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**SCOURTAS, LOUIS
24761 US HWY 19 N, SUITE 630
CLEARWATER, FL 33763**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

100000534584
05/08/06-80017-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, RODNEY 4012 CORTEZ ROAD WEST STE 2202 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, MELANIE 4012 CORTEZ ROAD WEST STE 2202 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOURTAS, LOUIS 24761 US HWY 19 N, SUITE 630 CLEARWATER, FL 33763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *R. Gray* **RODNEY GRAY** **4.21.06** **941-727-9337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #