2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2005 08:00 AM **DOCUMENT # P01000032634 Secretary of State** THE SUNRAY DESIGN GROUP, INCORPORATED Principal Place of Business Mailing Address 3716 (000) LAKES DR 3716 0000 LAKES DR SJTE103 SUTE 103 COCONUT OFFEK FL 33073 COCONUT OFFEK, FL. 33073 No Chg-P CR2E034 (10/03) 01062005 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 65-1106743 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BRINDLEY, KEVIN M DO NOT WRITE 3716 COCÒ LAKES DR. SUITE 103 IN THIS SPACE COCONUT CREEK, FL 33073 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 regulated when rejustating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BRINDLEY, KEVIN M STREET ADDRESS 4475 BANYAN TRAILS DRIVE U00000177314 01/11/05-80033-001 150.00 CITY-ST-ZIP COCONUT CREEK, FL 330735109 MIE NAME BRINDLEY, RALPH P. STREET ADDRESS 3716 COCO LAKES DRIVE CITY-ST-ZIP COCONUT CREEK, FL 330734143 mue NAME BRINDLEY, NORINE D STREET ADDRESS 3716 COCO LAKES DRIVE DO NOT WRITE CITY-ST-ZIP COCONUT CREEK, FL 330734143 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(3)(1), 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 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 sproowered.

SIGNATURE

STREET ADDRESS City-St-Zip

ING OFFICER ON DIRECTOR

1/6/05 954-418-845)