FILED Apr 16, 2007 08:00 Al Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111132 GRAY GHOST DESIGNS, INC. Principal Place of Business Mailing Address 558 WEST NEW ENGLAND AVENUE 558 WEST NEW ENGLAND AVENUE SUITE 240 SUITE 240 WINTER PARK, FL 32789 WINTER PARK, FL 32789 04092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2400100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITE, ROBERT B JR. DO NOT WRITE 558 WEST NEW ENGLAND AVENUE SUITE 240 IN THIS SPACE WINTER PARK, FL 32789 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE CONOVER, HEATHER M NAME STREET ADDRESS 558 WEST NEW ENGLAND AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attact/mght with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP U000000708217

04/24/07-80107-003 150.00

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANNE OF SIGNING OFFICER OR DIRECTOR DOWN CON 6 VET 4/10/84 (417)733-5173