2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Aug 26, 2005 8:00 am Secretary of State 08-26-2005 90004 005 ***558.75

DOCUMENT # P03000140545 1. Entity Name MICHAEL H. GRAY'S KOOLDECK, INC.									
Principal Place of Business 1203 COUNTRY GARDEN LANE FT PIERCE, FL 34982		Mailing Address 1203 COUNTRY GARDEN LANE FT PIERCE, FL 34982		50063628					
2. Principal Pl 1201 E Suite, Apt.	ace of Business EASY Street #, etc.	3. Mailing Address 130 / E, EAS Suite, Apt. #, etc.	3. Mailing Address 3. O I E. EASY Street Suite, Apt. #, etc.			08182005 Chg-P CR2E034 (10/03)			
Fort Pi	erce, Florida	Fort Pierce	Flori	do	4. FEI Numbe 77-061			oplied For ot Applicable	
34983		34982	United	States		of Status Desired	\$8.75 Ad Fee Require	ditional ed	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
GRAY, MICHAEL H 1203 COUNTRY GARDEN LANE FT PIERCE, FL 34982				Address (P.D. Box Numb	er is Not Acceptable	e)		
	-, · = · · · · · · · · · · · · · · · · ·		City	=1 P.	ierce_		FL Zip Coo	982	
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 primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
	LE NOWIII FEE IS \$550.00 ue by September 7, 2005	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.	OFFICERS AND D		11.	10- 4		CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, MICHAEL H 1203 COUNTRY GARDEN LANE FT PIERCE, FL 34982	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	60	ay Mic 1 E. EA: 1 Pierce	hael H. sy street c, FL. 3	▲ Change - 4982	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS :			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Change	Addition	
12. i hereby of indicated	certify that the information supplied with on this report or supplemental report is reportation or the receiver or trustee empo	this filing does not qualify fo true and accurate and that	or the exemption my signature sh	stated in Se	ection 119.07(3) same legal effec	(i), Florida Statutes. ct as if made under	I further certify that the oath; that I am an office	information r or director	