2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2006 08:00 AM Secretary of State DOCUMENT # P03000142125 1. Entity Name R.E. GRAY, INC. Principal Place of Business Mailing Address 7036 BAHAMA SWALLOW AVE 7036 BAHAMA SWALLOW AVE BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 01192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FE? Number 55-0854519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAY, RICHARD E DO NOT WRITE 7036 BAHAMA SWALLOW AVE BROOKSVILLE, FL 34613 IN THIS SPACE 3. 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. INOTE Recistered Agent signature required when reinstating! DATE B000004576<u>7</u>0 \$5.00 May 6e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/17/06-80013-024 150**.00** Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GRAY, RICHARD E 7036 BAHAMA SWALLOW AVE STREET ADDRESS BROOKSVILLE, FL 34613 CITY-ST-ZIP 137LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. It 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 cath; that I am an officer or director of the comporation 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. changed, or on an attachment with an

SIGNATURE:

CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED