

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-03-2005 90178 011 ***100.00
04-08-2005 90060 041 ****50.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000104934			
1. Entity Name ANRAY HOME DESIGNS, INC.			
Principal Place of Business 3226 MORAVIA AVE NORTH PORT, FL 34286		Mailing Address 3226 MORAVIA AVE NORTH PORT, FL 34286	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1378303		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALAMAKHA, ROMAN 3226 MORAVIA AVE NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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's signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAMAKHA, ROMAN 3226 MORAVIA AVE NORTH PORT, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAMAKHA, ANNA 3226 MORAVIA AVE NORTH PORT, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALAMAKHA, ANDREY 3226 MORAVIA AVE NORTH PORT, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAMAKHA, VLADIMIR 3226 MORAVIA AVE NORTH PORT, FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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: <u>Roman Salamakha</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>02/27/05</u> / <u>941/8092965</u> Date Telephone	