

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000104934 1. Entity Name ANRAY HOME DESIGNS, INC.	
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Principal Place of Business 3226 MORAVIA AVE NORTH PORT, FL 34286	Mailing Address 3226 MORAVIA AVE NORTH PORT, FL 34286
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01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAMAKHA, ROMAN 3226 MORAVIA AVE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAMAKHA, ANNA 3226 MORAVIA AVE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALAMAKHA, ANDREY 3226 MORAVIA AVE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAMAKHA, VLADIMIR 3226 MORAVIA AVE NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1670000450327 03/10/06-00001-010 150.00 DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: Roman SALAMAKHA President 01/26/06 / 941/809 2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

ROMAN SALAMAKHA