

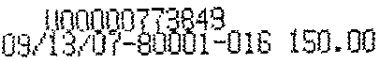
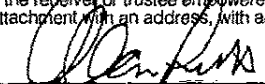


FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000106074		Secretary of State	
1. Entity Name RAYAL, INC.			
Principal Place of Business 4300 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065 US		Mailing Address 4300 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065 US	
DO NOT WRITE IN THIS SPACE			
		08112007 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 20-1530074	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFORT, ALAN 4300 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEFORT, ALAN 4300 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEFORT, JUDY J 4300 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LEFORT, JUDY J 4300 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR LEFORT, ALAN 4300 N.W. 92ND TERRACE CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  PRESIDENT ALAN LEFORT 9-10-07		954-510-0332	