2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURI (AR)				Mar 06, 2006 08:00 AM
DOCUMENT*# P04000108231 1. Entity Name				Secretary of State
JORAY IN	C			7
Principal Place of Business		Mailing Address		
2486 BLANDING BLVD. MIDDLEBURG FL 3206B		2486 BLANDING BLVD MIDDLEBURG FL 32068		
2. Principal Place of Business		3. Mailing Address		t (222/242/ cd 22/d 22/d 22/d 22/d 22/d 22/d 22/d
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CRZE034 (10/05)
City & State		City & State		4. FEI Number 80-0122484 Applied Far Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent	
RAY, LEAH 2486 BLANDING BLVD. MIDDLEBURG FL 32068		-	}	s (P.O. Box Number is Not Acceptable)
,2	2222		City	FL Zip Code
	named entity submits this statement factors of registered agent.	or the purpose of changing its	regislered office ar regis	tered agent, or both, in the State of Florida It am familiar with, and accept
SIGNATURE .	Sign note: typed or printed name of registered agon	I and to it applicable (NOTE	Regislated Agent signalure requ	inco when reasslating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 Payable to Florida Department of	D }		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS City-St-ZIP	PSTD RAY, LEAH 2486 BLANDING BLVD. MIDDLEBURG FL 32068	Detete	Title Name Striki Addriess City-ST-Zip	☐ Change ☐ Addition 1111112011458652
TITLE	VD	☐ Defete	TITLE	03/17/06-80053-009_150.00 ChangeAddilio
name Street Address Chy-St-Zip	RAY, PATRICK 2486 BLANDING BLVD. MIDDLEBURG FL 32068	='	NAME STREET ADDRESS CITY-ST-ZIP	
Title Manne Street Audhess Chty-St-Zhp		C Dotate	Title Mame Street address City-S1-2IP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Defete	TITLE MAME STREET ADDRESS CUTY-ST-ZIP	☐ Change ☐ Additio
NAME STREET ADDRESS EITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addhro
HITLE NAME STRELL ACCORESS CITY-ST-119		□ Desete	TTILE NAME STREET ADDRESS CTIY-ST-ZIP	Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

huh Pan

3/2/2006 904-282-5894

FILED