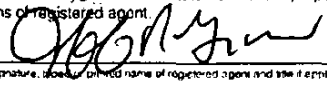
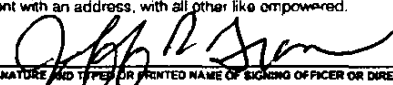


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90036 011 ***150.00

DOCUMENT # P05000051347			
1. Entity Name VANNRAY HOLDING, INC.			
Principal Place of Business 2214 HWY 44 W INVERNESS, FL 34453 US		Mailing Address 107 NORTHEAST FIRST AVENUE OCALA, FL 34470 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Inverness, FL	
Zip	Country	Zip 34451-0999	Country
		4. FEI Number 35-2206942	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROW, JEFFERY R 2214 HWY 44 W INVERNESS, FL 34453		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2227 East Hampshire Street City Inverness FL Zip Code 34453	
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  DATE 4/26/2007 Signature, does not printed name of registered agent and state if applicable (NOT: Registered Agent signature required when reappointment)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D GROW, JEFFERY R P O BOX 999 INVERNESS, FL 34451 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANADY, RANDALL VANN 4428 LAKE FLOWER DR HOLLY SPRINGS, NC 27540 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: 		Date: 4/26/2007 919-342-5171 Daytime Phone #	

40095816



04192007 Chg-P CR2E034 (12/06)