2007 EOD BROEIT CORROBATION

FILED May 04, 2007 8:00 am Secretary of State

	CORPORAL	IVI
ANNUAL	REPORT	

05-04-2007 90090 029 ***150.00 DOCUMENT # P06000005611 1. Entity Name MICHAEL GRAY, INC 40102100 Principal Place of Business Mailing Address 1223 1/2 13TH ST N 1223 1/2 13TH ST N ST PETERSBURG, FL 33705 ST PETERSBURG, FL 33705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 CR2E034 (12/06) Cha-P 4. FEI Number 4/16665 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1223 1/2 13TH ST N ST PETERSBURG, FL 33705 City Zip Code nits 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 8. The above named entity sub the obligations of registered SIGNATURE. me if applicable (NOTE: Registered Agent signature required when reinstating) Signature, type 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE GRAY, MICHAEL NAME NAME STREET ADDRESS 1223 1/2 13TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33705 Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-71P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 proport 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 michael-A-b SIGNATURE: O TYPED OR BRINTED OF SIGNING OFFICER OR DIRECTOR