

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90180 009 \*\*\*150.00

<b>DOCUMENT # P06000009452</b> 1. Entity Name <b>RAY &amp; DON ENTERPRISES, INC.</b>																							
Principal Place of Business <b>3896 OVERSEAS HWY.</b> <b>MARATHON, FL 33050</b>		Mailing Address <b>3896 OVERSEAS HWY.</b> <b>MARATHON, FL 33050</b>																					
2. Principal Place of Business - No P.O. Box # <b>3896 OVERSEAS HWY</b>		3. Mailing Address <b>3896 OVERSEAS HWY</b>																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																					
City & State <b>MARATHON</b>		City & State <b>MARATHON</b>																					
Zip <b>33050</b>		Zip <b>33050</b>																					
Country 		Country 																					
4. FEI Number <b>20-4133362</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																					
6. Name and Address of Current Registered Agent  <b>AHMED, MASHUK</b> <b>3896 OVERSEAS HWY.</b> <b>MARATHON, FL 33050</b>		7. Name and Address of New Registered Agent Name <b>AHMED MASHUK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3896 OVERSEAS HWY</b> City <b>MARATHON</b> <b>FL</b> Zip Code <b>33050</b>																					
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. <i>[Signature]</i>																							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P</b>  <b>AHMED, MASHUK</b>  <b>3896 OVERSEAS HWY.</b>  <b>MARATHON, FL 33050</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AHMED, MASHUK</b> <b>3896 OVERSEAS HWY.</b> <b>MARATHON, FL 33050</b>		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <i>[Signature]</i> <b>President 4.14.07 205 743 5638</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							

*MASHUK Ahmed*