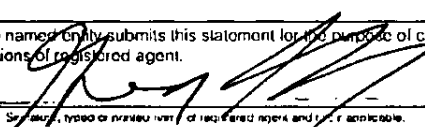
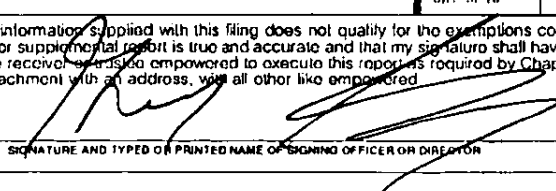


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-12-2007 90106 041 ***150.00

DOCUMENT # P06000030856 1. Entity Name GREY DOG II, INC.					
Principal Place of Business 8950 NORTH KENDALL DRIVE #102 MIAMI FL 33176			Mailing Address 8950 NORTH KENDALL DRIVE #102 MIAMI FL 33176		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-4488769	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KOLYUN, DENNIS A ESQ. 7000 S.W. 97TH AVENUE #210 MIAMI FL 33173				7. Name and Address of New Registered Agent Name GERALD GEIST Street Address (P.O. Box Number is Not Acceptable) 8950 N. KENDALL DR. #102 City MIAMI FL Zip Code 33176	
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 _____ Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 D NAME GEIST, GERALD ☐ Delete STREET ADDRESS 8950 NORTH KENDALL DRIVE, #102 CITY-ST-ZIP MIAMI FL 33176	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
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 assignee empowered to execute this report as required by Chapter 807, 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					