# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2007**
**Secretary of State**

DOCUMENT# P06000049601

**Entity Name:** CRAY'S INC.

**Current Principal Place of Business:**

301 WALK VIEW CT
APOPKA, FL 32703

**New Principal Place of Business:**

4649 CLYDE MORRIS BLVD
SUITE 611
PORT ORANGE, FL 32129

**Current Mailing Address:**

301 WALK VIEW CT
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number: 20-4647632** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, AMRISH
301 WALK VIEW CT
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PATEL, AMRISH
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete
Name: PATEL, RANNA
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete
Name: PATEL, MAYUR
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: PATEL, NILESH
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMRISH PATEL PD 04/12/2007

Electronic Signature of Signing Officer or Director — Date