2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2004 8:00 am Secretary of State **DOCUMENT # P93000079257** 03-10-2004 90024 022 ***150 00 PHYLLIS RAY & ASSOCIATES, INC. Principal Place of Business Mailing Address 3150 22ND ST N 3150 22ND ST N ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 No Chg-P CR2E034 (10/03) 03072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3213972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RAY, PHYLLIS 3150 22ND ST N ST PETERSBURG, FL 33713 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RAY, PHYLLIS NAME STREET ADDRESS 3150 22ND ST N CITY-ST-ZIP ST PETERSBURG, FL 33713 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP--IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED