FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90188 003 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000084626

1. Entity Name
C RAY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1154 ALFONSO AVE. CORAL GABLES, FL 33146 US	~~200 SOUTH 23RD~~ ~~SUITE E1~~ ~~BOZEMAN, MT 59715 US~~

44044948

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	385 Meadowlark Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Bozeman, MT
Zip / Country	Zip: 59718 / Country

4. FEI Number: 65-0615627 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMSON, JOHN M THE LAW CENTER, SUITE ONE 370 MINORCA AVE CORAL GABLES, FL 33134	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STINNETT, CHRISTOPHER C 200 S 23RD SUITE E 1 BOZEMAN, MT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1254 Eagle Road New Hope, PA 18938
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STINNETT, MICHELE G 200 S 23RD SUITE E 1 BOZEMAN, MT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 385 Meadowlark Drive Bozeman, MT 59718
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STINNETT, RAYMOND C 200 S 23RD SUITE E 1 BOZEMAN, MT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 385 Meadowlark Drive Bozeman, MT 59718
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STINNETT, THEA N. 200 S. 23RD, SUITE E-1 BOZEMAN, MT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1254 Eagle Road New Hope, PA 18938
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: (Pres.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #