APR-28-05 16:40 FROM: JACKSON HOLE ACCTG ID:

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90481 030 ***150.00

2005 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	385 MEADOWLARK DR BOZEMAN, MT 59718 US

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04282005 Chg-1* CR2E034 (10/03)

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
THOMSON, JOHN M
THE LAW CENTER, SUITE ONE
370 MINORCA AVE.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
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 ______

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	STINNETT, CHRISTOPHER C	
STREET ADDRESS	1254 EAGLE ROAD	
CITY-ST-ZIP	NEW HOPE, PA 18938	
TITLE	VPD	☐ Delete
NAME	STINNETT, MICHELE G	
STREET ADDRESS	385 MEADOWLARK DRIVE	
CITY-ST-ZIP	BOZEMAN, MT 59718	
TITLE	STD	☐ Delete
NAME	STINNETT, RAYMOND C	
STREET ADDRESS	385 MEADOWLARK DRIVE	
CITY-ST-ZIP	BOZEMAN, MT 59718	
TITLE	D	☐ Delete
NAME	STINNETT, THEA N.	
STREET ADDRESS	1254 EAGLE ROAD	
CITY-ST-ZIP	NEW HOPE, PA 18938	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: (PD)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #