-2008 FOR PROFIT CORPORATION

Apr 30, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P96000036854 1. Entity Name 04-30-2008 90158 020 ***150.00 STINGRAY'S II, INC. Principal Place of Business Malling Adoress 100 EAST OHIO AVENUE 100 EAST OHIO AVENUE DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business - No P.C. Box # 3. Mailing Address 100 E. Ohlo ADR SHINGARY II . INC Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number Deland, FL. 59-3374133 Deland, Fla. Not Applicable Country VOLUSIA \$8.75 Additional 5. Certificate of Status Desired YOLUSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCNEELEY, RONALD W Street Address (P.O. Box Number is Not Acceptable) 100 EAST OHIO AVENUE DELAND FL 32724 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed leaning of regil threat abent and tale. If applicable 练OTE: Registered Agont a grinture requirem when reinnaturigs DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HT: F ☐ Dereto THE ☐ Change MAME MCNEELEY, RONALD W NAME STREET ADDRESS 100 EAST OHIO AVENUE STREET ADORESS DITY ST-7P DELAND FL 32724 CITY-ST ZIP TIT.F ☐ Delete TITLE Addition MCNEELEY, RONALD W. NAME NAME STREET ADDRESS 100 EAST OHIO AVE. STREET ADDRESS CITY-ST-ZIP DELAND FL CITY-ST-ZIP TITLE Delete THLE ☐ Change Addition RONALD-W-MCNEELEY mant STREET ADDRESS 100 E. OHIO AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP **DELAND FL** THE Delete TIFLE Change ☐ Addition MCNEELEY, RONALD C. MALE NAME 100 E. OHIO AVE. STREET ADDRESS STREET ADDRESS CITY-ST-219 DELAND FL CITY-ST-ZIP THEF ☐ Delete MLC ☐ Change Addition MAME NAME STREET ADGRESS STREET ADDRESS 117 - ST- 212 CITY-ST-ZIP TIPLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP 12. Thereby 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 suppliemental 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: ROAD to Milecly Ropald W. Milecky
SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIFFECTOR

FILED