2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

NG OFFICER OR DIRECTOR

Jan 11, 2007 8:00 am Secretary of State **DOCUMENT # P97000100156** 01-11-2007 90051 032 ***150.00 1. Entity Name RAYS ENTERPRISE, INC. Principal Place of Business Mailing Address 40001443 3299 N. DIXIE HWY 3299 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33335 OAKLAND PARK, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01042007 Chq-P City & State City & State 4. FEI Number Applied For 65-0794729 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAROKHNIA, MOHAMADREZA 3261 SEAWARD DRIVE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33062 Zip Code The above named entity submits this statement for the obligations of registered agent. purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition ☐ Change NAME FAROKHNIA, MOHAMADREZA NAME STREET ADDRESS 3261 SEAWARD DRIVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Cremeens, Kay L NAME STREET ADDRESS 3241 Seaward Dr Pengano Beach PL 33042 STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED