2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000051460

Principal Place of Business

HA-BRAY INVESTMENTS, INC.

7014 BUCKEYE ROAD PALMETTO, FL 34221 Mailing Address

POST OFFICE BOX 7658 SUN CITY, FL 33586

FILED Apr 12, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 03262007

4. FEI Number 59-3583813 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEDER, GRAHAM R 7014 BUCKEYE ROAD PALMETTO, FL 34221

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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 name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)						
FIL: After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEDER, GRAHAM R 7014 BUCKEYE ROAD PALMETTO, FL 34221					U00008701059 04/20/07-80043-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD REEDER, JOHANNA M 7014 BUCKEYE ROAD PALMETTO, FL 34221					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-7IP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR