



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P99000082017 1. Entity Name KEVIN GRAY DESIGNS, INC.		
Principal Place of Business 720 NE 69 ST MIAMI, FL 33138	Mailing Address 720 NE 69 ST MIAMI, FL 33138	

DO NOT WRITE IN THIS SPACE

	
04112008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 65-0950038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAIRD, P.A., STEVEN K 5981 NE 6TH AVENUE MIAMI, FL 33137	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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: _____ (NOTE: Registered Agent signature required when renewing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p style="text-align: right;">000000835496 04/24/08-80053-015 150.00</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
TITLE VP	NAME BRADFORD, JOY	
STREET ADDRESS 215 CANYON CREEK LANE	CITY-ST-ZIP KERRVILLE, TX 78028	
TITLE PST	NAME GRAY, JAMES K	
STREET ADDRESS 720 NE 69 STREET #11W	CITY-ST-ZIP MIAMI, FL 33138	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS 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.

SIGNATURE: Kevin Gray **KEVIN GRAY** 4/11/08 305-751-4263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR