2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S72482

Entity Name

SUNRAY INTERNATIONAL, CO.



FILED Mar 01, 2006 08:00 Al Secretary of State

Principal Place of Business

C/O 1222 NE 4TH AVE

APT #302 FORT LAUDERDALE, FL 33304 Mailing Address

C/O 1222 NE 4TH AVE

APT #302

FORT LAUDERDALE, FL 33304



DO NOT	WRITE	IN THIS	SPACE
--------	--------------	---------	-------

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0283211

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARC, LABOSSIERE 1222 N.E. 4TH AVE.

BLDG G

FT. LADUERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finant Trust Fund Contribution. 	cing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIN, REAL 1464 BELLERIVE IBERVILLE, CANADA,				U00000452608 03/13/06-80006-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIN, PATRICK 1464 BELLERIVE IBERVILLE, CANADA,				აო ათ ით-თითი-თ 4 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/06

Daytime Phone #