2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # V41910 02-21-2005 90058 046 ***150.00 1. Entity Name RAY FLOYD ENTERPRISES, INC. Mailing Address Principal Place of Business 40040007 P.O. BOX 2163 P.O. BOX 2163 PALM BEACH, FL 33480 PALM BEACH, FL 33480 3. Mailing Address Principal Place of Business للان ما Chg-P *CR2E034*(10/03)* 505 S Plaster De#910 02022005 505 S FIAGIEL DE #910 Applied For 4. FEI Number Jest Pour Beach FL 65-0341238 Not Applicable Country USA Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLOYD, MARIA P.O. Box Number is Not Acceptable) 106 NORTH FLAGLER PROMENADE WEST PALM BEACH, FL 33405 Plaglen De #910 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ 9: Election-Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ρ Change TITLE ☐ Delete TITLE FLOYD, RAYMOND NAME NAME Plager Dr #910 106 N. FLAGLER PROMENADE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33405 CITY-ST-ZIP Delete ST TITLE THE FLOYD, MARIA NAME NAME DIAGIEN DE #910 106 NORTH FLAGLER PROMENADE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33405 VΡ Delete TITLE ☐ Change ☐ Addition TITLE RANDOLPH, BLAKE NAME 1360 PEST OAK BLVD. STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON, TX 77056 TITLE ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS man to be the second and CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information supplied with this fill indicated on this report or supple of the corporation or the receiver . changed, or on an attac SIGNATURE:

OFFICER OR DIRECTOR

FILED Feb 21, 2005 8:00 am