2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41910

Entity Name: RAY FLOYD ENTERPRISES, INC.

FILED Feb 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

%CDL C/O CDL FAMILY OFFICE SERVICES 505 S FLAGLER DR #900 505 S FLAGLER DR #900

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US

Current Mailing Address: New Mailing Address:

%CDL C/O CDL FAMILY OFFICE SERVICES 505 S FLAGLER DR #900 505 S FLAGLER DR #900

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US

FEI Number: 65-0341238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES FOSTER SRVS., LLC

505 S FLAGLER DR STE 1100

WEST PALM BEACH, FL 33401

US

WHITE, WILTON L ESQ
625 NORTH FLAGLER DRIVE
9TH FLOOR

WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: WILTON L WHITE 02/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 FLOYD, RAYMOND,
 Name:

 Address:
 %CDL 505 S FLAGLER DR #900
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 FLOYD, MARIA,
 Name:

 Address:
 %CDL 505 S FLAGLER DR #900
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA K FLOYD MGR 02/28/2009