

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088120

Entity Name: CABANA RAYZ, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

837 DELTONA BLVD.
DELTONA, FL 32725 US

New Principal Place of Business:

2845 ENTERPRISE ROAD
SUITE 102A, 103A, 104A
DEBARY, FL 32713 US

Current Mailing Address:

P.O. BOX 5281
DELTONA, FL 327285281 US

New Mailing Address:

FEI Number: 30-0197716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, TASHA M
756 HARTLEY AVENUE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

RAY-ALLGAIER, TASHA M
756 HARTLEY AVENUE
DELTONA, FL 32725 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: TASHA M. RAY-ALLGAIER

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAY, TASHA M
Address: P.O. BOX 5281
City-St-Zip: DELTONA, FL 327285281 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAY-ALLGAIER, TASHA M
Address: P.O. BOX 5281
City-St-Zip: DELTONA, FL 327285281 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TASHA M. RAY-ALLGAIER

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date