2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51030

Entity Name: RAI SYSTEMS NETWORK, INC.

FILED Jan 22, 2005 Secretary of State

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

1015 SIBLEY MEMORIAL HWY 1349 S 101ST ST SUITE 246 SUITE 313

ST PAUL, MN 55118 US OMAHA, NE 68124 US

Current Mailing Address: New Mailing Address:

1015 SIBLEY MEMORIAL HWY 1349 S 101ST ST

ST PAUL, MN 55118 US SUITE 313

OMAHA, NE 68124 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 59-2993246 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:

MYSKA, LANNY N PRES.
2250 NEW BEDFORD DRIVE 2250 NEW BEDFORD DRIVE SUN CITY CENTER, FL 33573 US SUN CITY CENTER, FL 33573 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: LANNY N MYSKA 01/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PSD () Delete Title: PSD (X) Change () Addition

 Name:
 MYSKA, LANNY N.,
 Name:
 MYSKA, LANNY N PRES.

 Address:
 2250 NEW BEDFORD DR
 Address:
 1349 S 101ST ST #313

 City-St-Zip:
 SUN CITY CENTER, FL 33573
 City-St-Zip:
 OMAHA, NE 68124

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FARDAIS, LOUISE M,
 Name:
 FARDAIS, LOUISE M VP

 Address:
 2250 NEW BEDFORD DR
 Address:
 1349 S 101ST ST #313

 City-St-Zip:
 SUN CITY CENTER, FL 33573
 City-St-Zip:
 OMAHA, NE 68124

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: LANNY N MYSKA PRES 01/22/2005