


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L51030 1. Entity Name RAI SYSTEMS NETWORK, INC.	
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Principal Place of Business 26992 MONTEGO POINTE CT APT 103 BONITA SPRINGS, FL 34134 US	Mailing Address 26992 MONTEGO POINTE CT APT 103 BONITA SPRINGS, FL 34134 US
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2993246	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYSKA, LANNY N PRES.
26992 MONTEGO POINTE CT
APT 103
BONITA SPRINGS, FL 34134

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000632698
02/21/07-80032-009 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MYSKA, LANNY N PRES. 26992 MONTEGO POINTE CT #103 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARDAIS, LOUISE M VP 26992 MONTEGO POINTE CT #103 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby 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: LoUISE FARDAIS LoUISE Fardais 2/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

651-269-5136