2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002727

Entity Name: RAYMOND D. SANTUCCI GROUP, INC.

FILED Mar 02, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1N141 COUNTY FARM RD. WINFIELD, IL 60190					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1N141 COUNTY FARM RD. WINFIELD, IL 60190			SUITE 230	1N141 COUNTY FARM RD. SUITE 230 WINFIELD, IL 60190	
FEI Number:	34-4424534	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:					
SANTUCCI, RAYMOND D 2252 STARFISH LANE PO BOX 78 SANIBEL ISLAND, FL 33957 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State		domino uno statement for the par	pode of offdrights registers	ed office of registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Carr	paign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
Title: Name: Address: City-St-Zip:	SANTUCCI, RA	HLANE PO BOX 78	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SANTUCCI, PA	HLANE PO BOX 78	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WINTHERS, DA	OOD LN WEST	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	TD () DENARDO, WA 9025 KENNEDY YORKVILLE, IL	ſRD.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	V () SANTUCCI, RA' PO BOX 533 WAYNE, IL 60		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	CRAY, SCOTT	Delete GOR BLVD. #103 5, FL 33908	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DAVID J. WINTHERS SECY 03/02/2005