

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90065 020 \*\*\*158.75

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<b>DOCUMENT # F99000002364</b> 1. Entity Name <b>RAYDEN ASSOCIATES LIMITED (INCORPORATED COMPANY)</b>					
Principal Place of Business <b>LOUIS BUILDING 6 GOLDIE TERRACE 2ND FLOOR ISLE OF MAN, UK IM1 1-EB UK</b>			Mailing Address <b>LOUIS BUILDING 6 GOLDIE TERRACE 2ND FLOOR ISLE OF MAN, UK IM1 1-EB UK</b>		
2. Principal Place of Business <b>BOURNE CONCOURSE</b> Suite, Apt. #, etc. <b>PEEL STREET, RAMSEY</b> City & State <b>ISLE OF MAN</b> Zip <b>IM8 1JJ</b>		3. Mailing Address <b>BOURNE CONCOURSE</b> Suite, Apt. #, etc. <b>PEEL STREET, RAMSEY</b> City & State <b>ISLE OF MAN</b> Zip <b>IM8 1JJ</b>		02272005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>98-0195485</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BYRD, GINA 3355 W. VINE ST. STE 102 KISSIMMEE, FL 34741</b>	
7. Name and Address of New Registered Agent Name <b>GINA BYRD</b> Street Address (P.O. Box Number is Not Acceptable) <b>3355 W. VINE ST.</b> <b>SUITE 102</b> City <b>KISSIMMEE</b> FL    Zip Code <b>34741</b>				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: <u><i>Regin Oella Bld</i></u> DATE: _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	DS	WRIGHT, DAVID J	2ND FLOOR LOUIS BUILDING 6 GOLDIE TERRACE ISLE OF MAN, UK IM1 1EB	<input type="checkbox"/>	
	D	WRIGHT, INGEBORG	2ND FLOOR LOUIS BUILDING 6 GOLDIE TERRACE ISLE OF MAN, UK IM1 1EB	<input type="checkbox"/>	
	DAS	CRANE, STUART G	THE MILLRACE, SULBY, RAMSEY I O M IM7 ZHT UK,	<input type="checkbox"/>	
	D	DIAS, JENNIFER D	1Z THE MILLRACE, SULBY, RAMSEY I O M IM7 ZHT UK,	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
	DIRECTOR/SECRETARY	DAVID J. WRIGHT	BOURNE CONCOURSE, PEEL STREET RAMSEY, ISLE OF MAN, IM8 1JJ, UK	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DIRECTOR	INGEBORG WRIGHT	BOURNE CONCOURSE, PEEL STREET RAMSEY, ISLE OF MAN, IM8 1JJ, UK	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>[Signature]</i></u> Date: <u>2/27/05</u> Daytime Phone #: <u>949 777 806 092</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					