

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20562

FILED  
May 02, 2007  
Secretary of State

Entity Name: RAIDERS OF THE LOST ART, INC.

**Current Principal Place of Business:**

2321 NW 66TH COURT  
W-1  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

**Current Mailing Address:**

2321 NW 66CT  
W-1  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

FEI Number: 59-2260353      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, ROBERT  
1719 NW 23RD AVENUE  
APT 2C  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DSP ( ) Delete  
Name: NELSON, ROBERT,  
Address: 6100 NW 54TH TERR.  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DSP (X) Change ( ) Addition  
Name: NELSON, ROBERT,  
Address: 1719 NW 23RD AVENUE APT 2C  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT E. NELSON

DSP

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date