## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Feb 16, 2007 08:00 AN **DOCUMENT # H38075 Secretary of State** 1. Entity Name **RAI 100, INC.** Mailing Address Principal Place of Business 690 DELTONA BLVD. 690 DELTONA BLVD. DELTONA, FL 32725 DELTONA, FL 32725 CR2E034 (11/05) 02142007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2496838 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAWRENCE, JAMES H. DO NOT WRITE 690 DELTONA BLVD. DELTONA, FL 32725 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 register SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LAWRENCE, JAMES H. NAME 66 DAHLIA DRIVE STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 U00000637488 TITLE 02/26/07-80062-016 150.00 LAWRENCE, CAROLYN B. NAME 66 DAHLIA DRIVE STREET ADDRESS DEBARY, FL 32713 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 a podress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP