2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H38692

1. Entity Name RAIKEYE, INC.



Principal Place of Business

8616 BAYMEADOWS ROAD JACKSONVILLE, FL 32256 US Mailing Address

4479 DEERWOOD LAKE PARKWAY SUITE 1

JACKSONVILLE, FL 32216 US

FILED Apr 29, 2008 08:00 AN Secretary of State



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04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2672340 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAIKES, LARRY 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216

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	he above named entity submits this statement for the purpose of chan- ne obligations of registered agent.	ging its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept
	io congations of registered agent.		
SIG	NATURE		
_	Support up turned or protect name of requiremed agent and talls if applicable	(NOTE Proportered Agent a peak up required when repetation)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE RAIKES, LARRY NAME STREET ADDRESS 4479 DEERWOOD LAKE PARKWAY SUITE 1 JACKSONVILLE, FL 32216 CITY-ST-ZIP TITLE RAIKES, MITCHELL NAME STREET ADDRESS 4479 DEERWOOD LAKE PARKWAY SUITE 1 CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE NAME STREET ADDRESS

U00000932387 05/22/08-80052-009 150.00

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12. Thereby 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 vith all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR