


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90023 029 ***150.00

DOCUMENT # H61113			
1. Entity Name RAYMOND RIPLEY, JR., ACCOUNTANTS, INC.			
Principal Place of Business 323 NE 6TH AVE DELRAY BEACH FL 33483		Mailing Address 323 NE 6TH AVE DELRAY BEACH FL 33483	
2. Principal Place of Business		3. Mailing Address 3603 Quail Ridge Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Boynton Beach, FL	
Zip	Country	Zip	Country
		33436	USA



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2543252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIPLEY, RAYMOND JR. 323 NE 6TH AVE DELRAY BEACH FL 33483		Name	
		Street Address (P.O. Box Number is Not Acceptable) 3603 Quail Ridge Drive	
		City Boynton Beach	FL Zip Code 33436

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIPLEY, RAYMOND JR. 323 NE 6TH AVE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3603 Quail Ridge Drive Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAE LEE RIPLEY 323 NE 6TH AVE DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SURACE, DAVID 3501 WATERVIEW CIRCLE PALM SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/VP 4140 3rd CT. LANTANA, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Raymond Ripley Jr. 4-8-05 561-374-3021
Date Daytime Phone #