

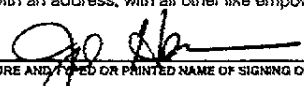


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L87241 1. Entity Name RAINTREE BOOKS, INC.			
Principal Place of Business 432 NORTH EUSTIS ST. EUSTIS, FL 32726		Mailing Address 432 NORTH EUSTIS ST. EUSTIS, FL 32726	
DO NOT WRITE IN THIS SPACE			
			
		02212004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3049980		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENSON, JO E 432 NORTH EUSTIS ST EUSTIS, FL 32726		DO NOT WRITE 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 registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000121925 04/21/04-800008-022 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HENSON, GARY D. 432 NORTH EUSTIS ST. EUSTIS, FL 32726		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HENSON, JO E 432 NORTH EUSTIS ST. EUSTIS, FL 32726		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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:  Jo Henson		4/20/04 357-7145	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	