

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2007 8:00 am**  
**Secretary of State**

09-05-2007 90005 004 \*\*\*150.00

<b>DOCUMENT # L97029</b>					
<b>1. Entity Name</b> RAVEN RESOURCES, INC.					
<b>Principal Place of Business</b> 315 70TH STREET SE CHARLESTON, WV 25304 US			<b>Mailing Address</b> P.O BOX 26765 RICHMOND, VA 23261 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3036984	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD MIZE, R. FREAL 315 70TH ST SE CHARLESTON, WV 25304	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	AS WELLONS, KYMBERLY T 315 70TH STREET SE CHARLESTON, WV 25304	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	AS M. SHANE HARVEY PO BOX 1951 CHARLESTON WV, 25327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	V COMER, TIMOTHY E 315 70TH ST SE CHARLESTON, WV 25304	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	AS COUDRIET, STEPHEN C 4 NORTH FOURTH STREET RICHMOND, VA 23219	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D DOSTART, THOMAS J 315 70TH STREET SE CHARLESTON, WV 25304	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D GILLENWATER, JEFFREY M 315 70TH STREET SE CHARLESTON, WV 25304	<input type="checkbox"/> Delete	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Stephen C. Coudriet</i>			08/01/07 804-788-1800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		