

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002832

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: RAZED, INC.

**Current Principal Place of Business:**

521 W. STREET  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

521 W. STREET  
NAPLES, FL 34108

**New Mailing Address:**

5600 TRAIL BLVD. SUITE # 5  
NAPLES, FL 34108

FEI Number: 94-3394332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSLIEN, PAUL REV.  
333 SPIDERLILY LN.  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAMMOND, JAMES M REV.  
Address: 9201 75TH AVE. NORTH  
City-St-Zip: BROOKLYN PARK, MN 55442

Title: PD ( ) Delete  
Name: FOSLIEN, PAUL REV  
Address: 333 SPIDER LILY LN.  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: FOSLIEN, MARIA REV  
Address: 333 SPIDER LILY LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL FOSLIEN

REV.

01/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date