

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002832

FILED  
Mar 20, 2007  
Secretary of State

Entity Name: RAZED, INC.

## Current Principal Place of Business:

521 W. STREET  
NAPLES, FL 34108

## New Principal Place of Business:

521 WEST STREET  
NAPLES, FL 34108

## Current Mailing Address:

5600 TRAIL BLVD. SUITE # 5  
NAPLES, FL 34108

## New Mailing Address:

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:

FOSLIEN, PAUL REV.  
333 SPIDER LILY LN.  
NAPLES, FL 34119 US

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: PAUL FOSLIEN

03/20/2007

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

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

PD

03/20/2007

Electronic Signature of Signing Officer or Director

Date