2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# N02000007288

Entity Name: BILLY RAVEN FOUNDATION INC.

Current Principal Place of Business:

4289 REFLECTIONS BLVD
APT # 203
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4289 REFLECTIONS BLVD
APT # 203
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 54-2110006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELANEY, WILLILAM
4289 REFLECTIONS BLVD.
#203
SUNRISE, FL 33351 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:	P	( ) Delete
Name:	DELANEY, WILLIAM	
Address:	4289 REFLECTIONS BLVD # 203	
City-St-Zip:	SUNRISE, FL 33351 US	
Title:	VP	( ) Delete
Name:	WARNELL, STEPHANIE	
Address:	2289 PEMBROKE ROAD # 178	
City-St-Zip:	PEMBROKE PINES, FL 33025 US	
Title:	VP	( ) Delete
Name:	SMITH, BYRON A	
Address:	12303 SW 107 CT	
City-St-Zip:	MIAMI, FL 33157 US	
Title:	T	( ) Delete
Name:	JORDAN, JEROM	
Address:	166 NW 100 ST	
City-St-Zip:	MIAMI SHORES, FL 33150 US	

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:	
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 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 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: WILLIAM DELANEY P 04/13/2004

Electronic Signature of Signing Officer or Director — Date