2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000351

FILED Jan 15, 2007 Secretary of State

Entity Name: RATTRAY ECONOMIC DEVELOPMENT, INC.

Current F	Principal Place	of Business:	New Principal Plac	e of Business:
	RD AVENUE LD BEACH, FL	33441		
Current Mailing Address:			New Mailing Address:	
	RD AVENUE LD BEACH, FL	33441		
El Number	: 31-1631498	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
340 NW 3	/, PAMELA RD AVENUE LD BEACH, FL	33441 US		
		submits this statement for the p	ourpose of changing its register	red office or registered agent, or both
n the Stat	e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both
	e of Florida. RE:			red office or registered agent, or both Date
n the Stat SIGNATU	e of Florida. RE:	ic Signature of Registered Age	ent	
n the Stat SIGNATU DFFICER Title: Jame: Address:	e of Florida. RE: Electron S AND DIREC PD () RATTRAY, PAM 340 NW 3RD AV	ic Signature of Registered Age TORS: Delete IELA	ent	Date
n the Stat SIGNATU	e of Florida. RE: Electron S AND DIREC PD () RATTRAY, PAM 340 NW 3RD A' DEERFIELD BE SD () ROBINSON, VA 340 NW 3RD A'	ic Signature of Registered Age TORS: Delete IELA VENUE EACH, FL 33441 Delete NETTA	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO
n the Stat BIGNATU DFFICER Title: Iame: Iddress: City-St-Zip: Title: Iame: Iddress:	e of Florida. RE: Electron S AND DIREC PD () RATTRAY, PAM 340 NW 3RD A' DEERFIELD BE SD () ROBINSON, VA 340 NW 3RD A' DEERFIELD BE	ic Signature of Registered Age TORS: Delete IELA VENUE EACH, FL 33441 Delete NETTA VENUE EACH, FL 33441 Delete ITA A AVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO () Change () Addition

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: PAMELA RATTRAY PD 01/15/2007