	PROFIT CUSINESS	REPOR		ON JBR)]	FILED May 01, 2003 8:00 am Secretary of State	
1. Entity Name RAGENA'S DELICIOUS DESSERTS, INC.				05-01-2003 90763 016 ***150.00			
Principal Place of Business 612 S. GREENWOOD AVE. CLEARWATER FL 33756		Mailing Address 612 S. GREENWOOD AVE. CLEARWATER FL 33756					
2. Principal Place of Business 512 S Martin Luth		iiling Address 2 S Marti	n Lui	- her Kin		I TERRETUR HAR BERNI DELIM BERNI DELAN DELAN JARTA ANDAT MUDA KANDA KANDA KANDA	
Suite, Apt. #, etc.	Su	te, Apt. #, etc.			ы Ч	X CHECK HERE IF MAKING CHANGES	
Jr Ave		City & State			4. F	El Number 59-3685363 Applied For Not Applicable	
Zip Country	Zip	Zip Country		у	5. Certificate of Status Desired Status Desired Status Desired Fee Required		
6. Name and Addr	ess of Current Register	ed Agent		Name	7. N	ame and Address of New Registered Agent	
REGISTERED CORPORATE AGENTS, INC. 612 S. GREENWOOD AVE. CLEARWATER FL 33756			e	Street Address (et Address (P.O. Box Number is Not Acceptable) 2 S Martin Luther King Jr Ave		
2				City		FL Zip Code	
8. The above named entity submits the obligations of registered agen	his statement for the pur	pose of changing its Shaw	s registerec	d office or register	ed age	ent, or both, in the State of Florida. I am familiar with, and accept	
FILE NOW !!! FEE IS After May 1, 2003 Fee wi Make Check Payable to Florida	ll be \$550.00		IE: Hegistered /	Agent signature requirec	when rei	9. Election Campaign Financing Trust Fund Contribution. Added to Fees	
	OFFICERS AND DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME WILLMAN-RANSON, STREET ADDRESS 11785 EAST COUNT CITY-ST-ZIP O'BRIEN FL 32701-	ry RD #349	Delete	TITLE NAME STREET CITY-S	- ADDRESS ST - ZIP		Change Addition	
TITLE VP NAME HAGEN, PAUL STREET ADDRESS 85 PARK LN GITY-ST-ZIP GLEN MILLS PA 193	342	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRESS		TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-S		ADDRESS T-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS T-ZIP	Change Addition		
 I hereby certify that the information indicated on this report or supple of the corporation or the requiver changed, or on an attachment with 	mental report is true and or trustee empowered to	execute this report	my signatu Las require	ption stated in Se re shall have the d by Chapter 607	ction 1 same le , Floric	19.07(3)(i), Florida Statutes. I further certify that the information egal effect as if made under oath; that I am an officer or director la Statutes; and that my name appears in Block 10 or Block 11 if	