2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# P01000102751

Entity Name: RAGUS, INC.

Current Principal Place of Business:

9013 ST. ANDREWS WAY
MOUNT DORA, FL 32757

New Principal Place of Business:

1321 HEIM ROAD
MOUNT DORA, FL 32757

Current Mailing Address:

9013 ST. ANDREWS WAY
MOUNT DORA, FL 32757

New Mailing Address:

1321 HEIM ROAD
MOUNT DORA, FL 32757

FEI Number: 59-3754654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOWE, D. ASHLEY
9013 ST. ANDREWS WAY
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

LOWE, D. ASHLEY
1321 HEIM ROAD
MOUNT DORA, FL 32757 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: D. ASHLEY LOWE 04/08/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOWE, D. ASHLEY
Address: 9013 ST. ANDREWS WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: LOWE, MICHELE
Address: 9013 ST. ANDREWS WAY
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LOWE, D. ASHLEY
Address: 1321 HEIM ROAD
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change ( ) Addition
Name: LOWE, MICHELE
Address: 1321 HEIM ROAD
City-St-Zip: MOUNT DORA, FL 32757

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. ASHLEY LOWE D 04/08/2005
Electronic Signature of Signing Officer or Director Date