2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# P02000015373

Entity Name: BLACK RAVEN ENTERPRISES, INC.

Current Principal Place of Business:

830 WATERVIEW DR.
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

830 WATERVIEW DR.
INVERNESS, FL 34450

New Mailing Address:

PO BOX 1024
INVERNESS, FL 34451

FEI Number: 90-0003601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEER, ALAN K CPA
7401 D TEMPLE TERRACE HWY.
TAMPA, FL 33637 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: STOKELEY, PHRONSIE
Address: 830 WATERVEIW DR.
City-St-Zip: INVERNESS, FL 34451 US

Title: TRES ( ) Delete
Name: STOKELEY, EMILY
Address: 830 WATERVEIW DR.
City-St-Zip: INVERNESS, FL 34451 US

Title: V.P. ( ) Delete
Name: STOKELEY, P.E.
Address: 830 WATERVEIW DR.
City-St-Zip: INVERNESS, FL 34451 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: STOKELEY, WILLIAM R PRES
Address: 830 WATERVEIW DR.
City-St-Zip: INVERNESS, FL 34451 US

Title: TRES (X) Change ( ) Addition
Name: STOKELEY, WILLIAM R TRES
Address: 830 WATERVEIW DR.
City-St-Zip: INVERNESS, FL 34451 US

Title: V.P. (X) Change ( ) Addition
Name: STOKELEY, PHRONISE E V.P.
Address: 830 WATERVEIW DR.
City-St-Zip: INVERNESS, FL 34451 US

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: WILLIAM RICHARED STOKELEY PRES 02/25/2004

Electronic Signature of Signing Officer or Director — Date