


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90130 049 \*\*\*150.00

<b>DOCUMENT # P02000076773</b>	
<b>1. Entity Name</b> RAVEN CONSULTING ENTERPRISES, INC.	

<b>Principal Place of Business</b> 942 SE 13TH AVENUE DEERFIELD BEACH FL 33441	<b>Mailing Address</b> 942 SE 13TH AVENUE DEERFIELD BEACH FL 33441
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<b>2. Principal Place of Business</b> 1441 S.E. 2nd St Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1441 S.E. 2nd St Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

<b>City &amp; State</b> DeerField Boh, FL <b>Zip</b> 33441-4405 <b>Country</b> U.S.A.	<b>City &amp; State</b> DeerField Boh, FL <b>Zip</b> 33441-4405 <b>Country</b> U.S.A.
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<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WALRAVEN, EDWARD 942 SE 13TH AVENUE DEERFIELD BEACH FL 33441
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<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Walraven Edward <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1441 S.E. 2nd St. <b>City</b> DeerField Boh <b>FL</b> <b>Zip Code</b> 33441
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<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  <b>SIGNATURE</b> <i>Edward J. Walraven</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 3/28/05
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> D <b>NAME</b> WALREAVEN, EDWARD <b>STREET ADDRESS</b> 942 SE 13TH AVENUE <b>CITY-ST-ZIP</b> DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> Vice President <b>NAME</b> Jade E. Walraven <b>STREET ADDRESS</b> 1441 S.E. 2nd St <b>CITY-ST-ZIP</b> DeerField Boh FL 33441	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>  <b>SIGNATURE:</b> <i>Edward J. Walraven</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> 3/28/05	<b>Daytime Phone #</b>
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