


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 046 ***150.00

DOCUMENT # <u>P02000076773</u>	
1. Entity Name <u>RAVEN Consulting Enterprises INC</u>	

DO NOT WRITE IN THIS SPACE

40079329

CR2E034B (8/05)

2. Principal Place of Business <u>280 NE Wavecrest Way</u> Suite, Apt. #, etc.	3. Mailing Address <u>280 NE Wavecrest Way</u> Suite, Apt. #, etc.
City & State <u>Boca Raton FL</u>	City & State <u>Boca Raton, FL</u>
Zip <u>33432</u>	Zip <u>33432</u>
Country <u>PalM Boh</u>	Country <u>PalM Boh</u>

4. FEI Number <u>20-0001084</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Edward J Walraven</u>
Street Address (P.O. Box Number is Not Acceptable) <u>280 NE Wavecrest Way</u>
City <u>Boca Raton</u>
State <u>FL</u>
Zip Code <u>33432</u>

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Edward J Walraven</u> <u>280 NE Wavecrest Way</u> <u>Boca Raton FL 33432</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Jade E Walraven</u> <u>280 NE Wavecrest Way</u> <u>Boca Raton FL 33432</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Edward J Walraven</u>	<u>4/28/06</u>	<u>954-551-2576</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Day</small>	<small>Daytime Phone #</small>