
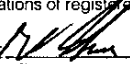



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90003 043 ***550.00

DOCUMENT # P02000087220 1. Entity Name RAVEN TECHNOLOGY, INC.					
Principal Place of Business 1233 FLORIDA AVE ROCKLEDGE, FL 32955			Mailing Address 1233 FLORIDA AVE ROCKLEDGE, FL 32955		
2. Principal Place of Business 1233 FLORIDA AVE S		3. Mailing Address Suite, Apt. #, etc.			
City & State ROCKLEDGE FL		City & State Suite, Apt. #, etc.		4. FEI Number 14-1842679	
Zip 32955		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINGARDNER, AL 4100 OCEAN BEACH BLVD COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name ROY SHURE Street Address (P.O. Box Number is Not Acceptable) 630 FRIDAY RD City COCOA FL Zip Code 32926	
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  ROY SHURE VICE PRESIDENT 5/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRINGARDNER, AL 4100 OCEAN BEACH BLVD COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARJORIE HIGGINBOTHAM 1233 FLORIDA AVE S ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRINGARDNER, BRETT 4100 OCEAN BEACH BLVD COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROY SHURE 630 FRIDAY RD COCOA FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLANTO, NOAH 405 FLORIDA AVE COCOA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT JACOB 1233 FLORIDA AVE S ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE:  ROY SHURE VICE PRES 5/26/05 321-632-4005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					