2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN

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1, Entity Nam	MENT # P030000870 RAUDER VENTURES, INC.	83			Secretary of State	
	e of Business OREST ROAD T, FL 32533	Mailing Address 3533 PINE FOREST ROAD CANTONMENT, FL 32533				
DO NOT WRITE IN THIS SPA			CE	04132006 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent CULBERTSON, M.WARREN 3533 PINE FOREST ROAD CANTONMENT, FL 32533			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will be \$550.00		Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees	U00000520476 05/02/06-80094-024 150.00	
10. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D CULBERTSON, M. MARREN 3533 PINE FOREST ROAD CANTONMENT, FL 32533	ECTORS _				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDRESS		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Y

NAME STREET ADDRESS CITY-ST-ZIP

> Muc SIGNATURE AND TYPED OR PRO ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #