2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90019 018 ***150.00

DOCUMENT # P03000103195

1. Entity Name
RAA CONSULTING, INC.

Principal Place of Business	Mailing Address
22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549	22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549

02142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6245 Discovery LN	6245 Discovery LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND O LAKES	City & State: LAND O LAKES
Zip: 34638 Country: PASCO	Zip: 34638 Country: PASCO

4. FEI Number 56-2395288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUMAN, RICK A 22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549	Name: AUMAN, RICK A Street Address (P.O. Box Number is Not Acceptable): 6245 Discovery LN City: LAND O LAKES FL Zip Code: 34638

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] 2.17.06
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: AUMAN, RICK A STREET ADDRESS: 22305 MAGNOLIA TRACE BLVD CITY-ST-ZIP: LUTZ, FL 33549	☐ Delete	TITLE: P NAME: AUMAN, RICK A STREET ADDRESS: 6245 Discovery LN CITY-ST-ZIP: LAND O LAKES, FL 34638	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Rick A. Auman 2.17.06 813-996-2762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #