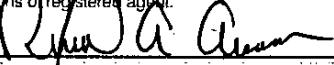


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549			Mailing Address 22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549		
2. Principal Place of Business 6245 Discovery LN		3. Mailing Address 6245 Discovery LN			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02142006 Chg-P CR2E034 (11/05)	
City & State LAND O LAKES		City & State LAND O LAKES		4. FEI Number 56-2395288	
Zip 34638		Country PASCO		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUMAN, RICK A 22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549		7. Name and Address of New Registered Agent 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 obligation of the registered agent.					
SIGNATURE  DATE 2-17-06 Signature, typed or printed name of registered agent and his or her applicable (NOTE: Registered Agent signature required when remaining)					
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 NAME STREET ADDRESS CITY - ST - ZIP	P AUMAN, RICK A 22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AUMAN, RICK A 6245 Discovery LN LAND O LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  Rick A. Auman DATE 2-17-06 DAYTIME PHONE # 813-996-2762 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					