

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054361

FILED
Apr 29, 2005
Secretary of State

Entity Name: RAINES CONSULTING SERVICES, INC.

Current Principal Place of Business:

1715 CHAPEL TREE CIRCLE
APT. A
BRANDON, FL 33511 US

New Principal Place of Business:

27318 FORDHAM DRIVE
WESLEY CHAPEL, FL 33543 US

Current Mailing Address:

1715 CHAPEL TREE CIRCLE
APT. A
BRANDON, FL 33511 US

New Mailing Address:

27318 FORDHAM DRIVE
WESLEY CHAPEL, FL 33543 US

FEI Number: 20-0925374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTO, ALBERT E JR.
8909 REGENTS PARK DR.
SUITE 420
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

KIST, JAMES R CPA
5301 TECHNOLOGY DRIVE
TAMPA, FL 33647 US

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.

SIGNATURE: JAMES R. KIST

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAINES, JASON
Address: 1715 CHAPEL TREE CIRCLE, APT. A
City-St-Zip: BRANDON, FL 33511 US

Title: S () Delete
Name: AVILA, CLAUDIA
Address: 1715 CHAPEL TREE CIRCLE, APT. A
City-St-Zip: BRANDON, FL 33511 US

Title: T () Delete
Name: AVILA, CLAUDIA
Address: 1715 CHAPEL TREE CIRCLE, APT. A
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAINES, JASON A
Address: 27318 FORDHAM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: S (X) Change () Addition
Name: AVILA, CLAUDIA
Address: 27318 FORDHAM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: T (X) Change () Addition
Name: AVILA, CLAUDIA
Address: 27318 FORDHAM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON A. RAINES

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date