


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P04000056472		
1. Entity Name RATTRAY HOME IMPROVEMENT, INC.		
Principal Place of Business 1011 NEW PARKVIEW PLACE WEST PALM BEACH, FL 33417	Mailing Address 1011 NEW PARKVIEW PLACE WEST PALM BEACH, FL 33417	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RATTRAY, KETH 1011 NEW PARKVIEW PLACE WEST PALM BEACH, FL 33417		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 <u><i>Keth Rattray</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000556774 05/17/06-80023-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RATTRAY, KETH 1011 NEW PARKVIEW PLACE WEST PALM BEACH, FL 33417	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RATTRAY, PAMELA 1011 NEW PARKVIEW PLACE WEST PALM BEACH, FL 33417	
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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: <u><i>KETH RATTRAY</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>561-762-8272</u> Date <u>4-25-06</u> Daytime Phone #



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0985859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	