2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077616

WEBSTER, BURLIN

10224 TRILLIUMS CT

ORLANDO, FL 32825

Name:

Address:

City-St-Zip:

FILED Sep 06, 2005 Secretary of State

Entity Name: RAKEGA RECORDS, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	OR DR SUITE), FL 32822	338			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 1- ORLANDO	40112), FL 32814				
FEI Number:	20-1216549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
10224 TRII	CHRISTINE LLIUMS CT), FL 32825	US	ALEEM, HANIF(KEVIN) 10224 TRILLIUMS CT ORLANDO, FL 32825	US	
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: HANIF K.	ALEEM		09/06/2005	
	Electror	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ALEEM, HANIF 10224 TRILLIU ORLANDO, FL	MS CT	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VP () ALEEM, RAMZ 10224 TRILLIU ORLANDO, FL	MS CT	Title: (Name: Address: City-St-Zip:)Change ()Addition	
Title: Name: Address: City-St-Zip:	S () RICKETTS, LU 10224 TRILLIU ORLANDO, FL	MS CT	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title:	Т () Delete	Title: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BURLIN WEBSTER 09/06/2005 Τ