2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000098288** 05-02-2005 90975 031 ***150.00 RAYAMI& WATERS, INC. Mailing Address Principal/Place of Business 5550 HATTVAWAY DR #46 550 HATTAWAY DR #46 /ALIVAMONITE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 2. PrimagailPlace of Business 3. Mailing Address Stuite, April. #, etc. Suite, Apt. #, etc. 04202005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 20-1302697 Not Applicable Country Zim Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAATIEERSS. EVELYN Street Address (P.O. Box Number is Not Acceptable) 5550 HATTAWAY DR #46 ALITAMONTE SPRINGS, FL 32701 Zip Code 8. The attrave 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 Immediations of registered agent. SHEHWATTURHE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees AtterMay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MD. 11. THE ☐ Delete TITLE ☐ Change ☐ Addition WATERS EVELYN NAME 550 HATTAWAY DR #46 STREET ADDRESS STRUBBLADHRESS (CDV-651-ZDP ALTAMONTE SPRINGS, FL 32701 CITY-ST-ZIP TETTER ☐ Delete TITLE Change ☐ Addition NYAME NAME STIFFEHTADURESS STREET ADDRESS CODY-897-ZDP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRE NAME SETREETIALUDRESSS STREET ADDRESS COLUM-SALE-ZOEP CITY-ST-7IP ☐ Delete TITI F MH Change Addition HANE NAME STIROHTALDHOSSS STREET ADDRESS OUTHY-837-**229** CITY-ST-ZIP IIILE ☐ Delete THILE Chance Addition HAME . NAME SETHERTARDHESSS STREET ADDRESS CCTRY-88TF-ZEP CITY-ST-ZIP ппи Delete TITLE ☐ Change ☐ Addition NAME SZERIKUTANIHIESES STREET ADDRESS 0011Y-87T-70F CITY-ST-ZIP 112. Illieratiny certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicatted 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 offittedurpropration 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 other like empowered. SIGNATURE: _

FILED