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Secretary of State

02-20-2006 90029 024 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134287

1. Entity Name
R.A.W. ENTERPRISES, INC.

66UU8030

01242006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~100 N.W. FIRST PLACE CAPE CORAL, FL 33993~~	PO BOX 1322 LABELLE, FL 33975

2. Principal Place of Business	3. Mailing Address
62730 Frontier Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LaBelle, Florida	City & State
Zip: 33935 Country: USA	Zip Country

4. FEI Number: 20-3551034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RIX, JASON T 100 N.W. FIRST PLACE CAPE CORAL, FL 33993~~	Name: Patrick Bryan Willis
	Street Address (P.O. Box Number is Not Acceptable): 62730 Frontier Circle
	City: LABELLE FL Zip Code 33935

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 [signature] Jason T. Rix Past President [signature] Patrick B. Willis 1-1-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE

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 RIX, JASON T 100 N.W. FIRST PLACE CAPE CORAL, FL 33993	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Patrick B. Willis 62730 Frontier Circle LABELLE Florida 33935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ President WILLIS, PATRICK B 150 S. MAIN STREET LABELLE, FL 33935	☒ 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
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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: [signature] Patrick Willis 1-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #