



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000005252 1. Entity Name RAY RICHARDS ENTREPRENEUR CORPORATION	
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Principal Place of Business 1074 SW 1 WAY 300 S.W. 2ND STREET, SUITE #9 DEERFIELD BCH, FL 33441 US	Mailing Address 1220 SE 4TH CT. DEERFIELD BCH, FL 33441 US
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DO NOT WRITE IN THIS SPACE



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0460570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, RAYMOND
1220 SOUTHEAST 4TH COURT
DEERFIELD BEACH, FL 33441**

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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, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000386421 01/18/06-80059-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD, RAY 1220 SOUTHEAST 4TH COURT DEERFIELD BEACH, FL 33441
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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:  **1-11-06 954-426-1173**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #