## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000002463

Entity Name: RAVE INVESTMENTS, INC.

FILED Jan 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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424 BERMUDA ISLES CIRCLE
VENICE, FL 34292 US
4960 COMMONWEALTH DRIVE
SARASOTA, FL 34242 US

Current Mailing Address: New Mailing Address:

424 BERMUDA ISLES CIRCLE 4960 COMMONWEALTH DRIVE VENICE, FL 34292 US SARASOTA, FL 34242 US

FEI Number: 65-0551257 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEATY, MARCIA
21615 VILLA NOVA DR
4960 COMMONWEALTH DRIVE
84
BOCA RATON, FL 33433 US
LLOYD, WILLIAM S
4960 COMMONWEALTH DRIVE
SARASOTA, FL 34242 US

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.

SIGNATURE: WILLIAM S LLOYD 01/23/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: LLOYD, WILLIAM S

Address: 424 REPMI IDA ISLES CIRCLE

Address: 426 COMMON/MEALTH DRIVE

Address: 424 BERMUDA ISLES CIRCLE Address: 4960 COMMONWEALTH DRIVE City-St-Zip: VENICE, FL 34292 US City-St-Zip: SARASOTA, FL 34242 US

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: LLOYD, TAMARA D Name: LLOYD, TAMARA D

Address: 424 BERMUDA ISLES CIRCLE Address: 4960 COMMONWEALTH DRIVE City-St-Zip: VENICE, FL 34292 US City-St-Zip: SARASOTA, FL 34242 US

Title: ( ) Delete Title: V ( ) Change (X) Addition

 Name:
 Name:
 LLOYD, MARK H

 Address:
 Address:
 1106 50TH STREET EAST

 City-St-Zip:
 City-St-Zip:
 BRADENTON, FL 34208 US

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.

SIGNATURE: WILLIAM S LLOYD P 01/23/2005