2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000002463

1. Entity Name
RAVE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4960 COMMONWEALTH DRIVE SARASOTA, FL 34242 US	4960 COMMONWEALTH DRIVE SARASOTA, FL 34242 US

DO NOT WRITE IN THIS SPACE

01042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0551257	Not Applicable

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

6. Name and Address of Current Registered Agent

LLOYD, WILLIAM S
4960 COMMONWEALTH DRIVE
SARASOTA, FL 34242

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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. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	LLOYD, WILLIAM S
STREET ADDRESS	4960 COMMONWEALTH DRIVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	V
NAME	LLOYD, TAMARA D
STREET ADDRESS	4960 COMMONWEALTH DRIVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	V
NAME	LLOYD, MARK H
STREET ADDRESS	1106 50TH STREET EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/06-80008-018 150.00

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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: _Tamara D Lloyd_   1-6-06   941-349-6060

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