

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038009

Entity Name: RAYKEN, INC.

FILED
Jun 19, 2009
Secretary of State

Current Principal Place of Business:

2655 OLD DIXIE HWY.
KISSIMMEE, FL 34744

New Principal Place of Business:

900 SHADY LANE
SUITE B
KISSIMMEE, FL 34744

Current Mailing Address:

2699 LEE ROAD
STE 430
WINTER PARK, FL 32789

New Mailing Address:

900 SHADY LANE
SUITE B
KISSIMMEE, FL 34744

FEI Number: 59-3507508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COAMEY, EDWARD CPA
2699 LEE ROAD STE 430
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

KENNEDY, THOMAS
900 SHADY LANE
SUITE B
KISSIMMEE, FL 34744 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: THOMAS KENNEDY

06/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KENNEDY, THOMAS
Address: 5366 WHISPERING PINE CIR.
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS KENNEDY

PT

06/19/2009

Electronic Signature of Signing Officer or Director

Date