


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 636895
 1. Entity Name
RAA CORPORATION



Principal Place of Business 3931 TONKAWOOD ROAD MINNETONKA, MN 55345 US	Mailing Address 3931 TONKAWOOD ROAD MINNETONKA, MN 55345 US
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1938967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**HIRSCHBERG, EDWARD P CPA
 C/O LONDON WITTE & COMPANY
 3101 N. FEDERAL HIGHWAY, STE. 700
 FT. LAUDERDALE, FL 33306**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PDST FRANCESCHI, ACKERBERG A 8951 SE EASTMONT DR GRSHAM, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/03/06-80038-014 150.00

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: *Edward P. Hirschberg* 2/16/06 952-935-6714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #