


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90019 018 ***150.00

DOCUMENT # P03000103195

1. Entity Name
RAA CONSULTING, INC.



Principal Place of Business
**22305 MAGNOLIA TRACE BLVD
 LUTZ, FL 33549**

Mailing Address
**22305 MAGNOLIA TRACE BLVD
 LUTZ, FL 33549**



2. Principal Place of Business
6245 Discovery LN

3. Mailing Address
6245 Discovery LN

Suite, Apt. #, etc.

02142006 Chg-P CR2E034 (11/05)

City & State
LAND O LAKES

City & State
LAND O LAKES

Zip
34638 Country
PASCO

Zip
34638 Country
PASCO

4. FEI Number
56-2395288

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AUMAN, RICK A
 22305 MAGNOLIA TRACE BLVD
 LUTZ, FL 33549**

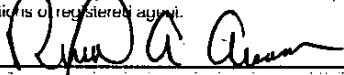
7. Name and Address of New Registered Agent

Name
AUMAN, RICK A

Street Address (P.O. Box Number is Not Acceptable)
6245 Discovery LN

City
LAND O LAKES FL Zip Code
34638

I, 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 obligation of, registered agent.

SIGNATURE  DATE **2-17-06**

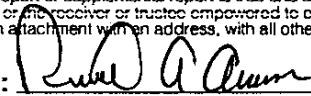
Signature, typed or printed name of registered agent and filed if applicable. (NOTE: Registered Agent signature required when remaining)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUMAN, RICK A 22305 MAGNOLIA TRACE BLVD LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUMAN, RICK A 6245 Discovery LN LAND O LAKES, FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Rick A. Auman** DATE **2-17-06** DAYTIME PHONE # **813-996-2762**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR