2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# L48569

Entity Name: LISA RAPHAEL, INC.

Current Principal Place of Business:

LISA RAPHAEL
1100 N. SHORE DR. NE, #201
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

LISA RAPHAEL
117 KAHOLALELE RD
KAPAA, HI 96746 US

Current Mailing Address:

LISA RAPHAEL
1100 N. SHORE DR. NE, #201
ST PETERSBURG, FL 33701 US

New Mailing Address:

LISA RAPHAEL
P.O BOX 2005
KAPAA, FL HI96746 US

FEI Number: 59-2988714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, MICHAEL B.
2959 FIRST AVE. N.
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAPHAEL, LISA,
Address: 1100 N. SHORE DR. NE, #201
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RAPHAEL, LISA,
Address: 117 KAHOLALELE ROAD
City-St-Zip: KAPAA, HI 96746

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: LISA RAPHAEL PRES 01/15/2008

Electronic Signature of Signing Officer or Director Date