


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 570204</b> 1. Entity Name <b>RAHAL SUMMER, INC.</b>	
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Principal Place of Business <b>4204 LAFAYETTE STR MARIANNA, FL 32446-0700 US</b>	Mailing Address <b>P.O. BOX 700 MARIANNA, FL 32447 US</b>
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-0937240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RAHAL, QUEN 4204 LAFAYETTE STREET MARIANNA, FL 32446</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHAL, QUEN 4204 WEST LAFAYETTE STREET MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A RAHAL, ANN 4204 WEST LAFAYETTE ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JORGE 2678 CHOCTAW TRAIL MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, RICKY D 4532 RED OAK TRACE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000777236 01/09/08-80054-025 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Ann Rahal Ann Rahal 1-7-08 850 482-3051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #