2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# K01008

Entity Name: RAHCO INTERNATIONAL, INC.

Current Principal Place of Business:

850 A1A BEACH BLVD, #121
SAINT AUGUSTINE, FL 320806954 US

New Principal Place of Business:

850 A1A BEACH BLVD,
#121
SAINT AUGUSTINE, FL 320806954 US

Current Mailing Address:

850 A1A BEACH BLVD, #121
SAINT AUGUSTINE, FL 320806954 US

New Mailing Address:

850 A1A BEACH BLVD,
#121
SAINT AUGUSTINE, FL 320806954 US

FEI Number: 59-2870431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSER, ALVIN L.
850 A1A BEACH BLVD, #121
SAINT AUGUSTINE, FL 320806954 US

Name and Address of New Registered Agent:

MOSER, ALVIN L.
850 A1A BEACH BLVD,
#121
SAINT AUGUSTINE, FL 320806954 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: 03/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOSER, ALVIN L.,
Address: 850 S A1A BEACH BLVD #121
City-St-Zip: ST AUGUSTINE, FL

Title: V ( ) Delete
Name: LARA-MOSER, OLGA P.,
Address: 850 S A1A BEACH BLVD #121
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete
Name: LARA, RAUL
Address: 6832 MINDELLO ST
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOSER, ALVIN L.,
Address: 850 S A1A BEACH BLVD #121
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: V (X) Change ( ) Addition
Name: LARA-MOSER, OLGA P.,
Address: 850 S A1A BEACH BLVD #121
City-St-Zip: ST AUGUSTINE, FL 32080 US

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: ALVIN L. MOSER PRES 03/29/2009
Electronic Signature of Signing Officer or Director — Date