


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90247 049 ***150.00

DOCUMENT # P02000091846


1. Entity Name
RACHAEL STEPHENS, INC.



Principal Place of Business Mailing Address
4758 ANTLER TRAIL **4758 ANTLER TRAIL**
SARASOTA, FL 34238 **SARASOTA, FL 34238**

2. Principal Place of Business 3. Mailing Address
3811 SR 64 East **3811 SR 64 East**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

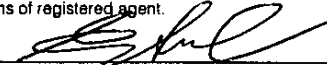
City & State City & State
Bradenton FL **Bradenton FL**
 Zip Country Zip Country
34208 USA **34208 USA**



01092006 Chg-P CR2E034 (11/05)

| | | | |
|--|--|--|--|
| 4. FEI Number 54-2069159 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHOENFELD, STEPHEN 4758 ANTLER TRAIL SARASOTA, FL 34238 | | 7. Name and Address of New Registered Agent Name <u>Stephen Schoenfeld</u> Street Address (P.O. Box Number is Not Acceptable) <u>10555 Old Grove Circle</u> City <u>Bradenton</u> FL Zip Code <u>34212</u> | |

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:  DATE: 1-13-2006

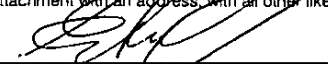
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | D SCHOENFELD, STEPHEN 4758 ANTLER TRAIL SARASOTA, FL 34238 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Stephen Schoenfeld</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>10555 Old Grove Circle</u> <u>Bradenton FL 34212</u> |
| 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 |
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| 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 an other like empowered.

SIGNATURE:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR