

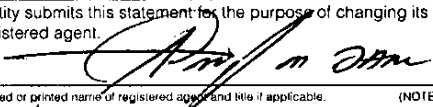
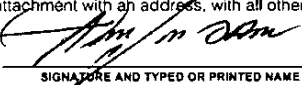


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 024 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P02000131081 | | | |  | |
| 1. Entity Name CJ RAULINGS, INC. | | | | | |
| Principal Place of Business 18800 NW 2ND AVE STE 216 MIAMI, FL 33169 | | | Mailing Address 18800 NW 2ND AVE STE 216 MIAMI, FL 33169 | | |
| 2. Principal Place of Business - No P.O. Box # 18800 NW 2ND AVE. | | 3. Mailing Address 18800 NW 2ND AVE. | |  | |
| Suite, Apt. #, etc. 216 | | Suite, Apt. #, etc. 216 | | | |
| City & State MIAMI FLORIDA | | City & State MIAMI FL | | | |
| Zip 33169 | | Zip 33169 | | | |
| Country DADE | | Country DADE | | 06022008 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 56-2307054 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent NZERIBE, RICHARD 160 NW 176 ST SUITE 200-4 MIAMI, FL 33169 | | | 7. Name and Address of New Registered Agent Name NZERIBE RICHARD Street Address (P.O. Box Number is Not Acceptable) 160 NW 176 ST SUITE 200-4 City MIAMI FL Zip Code 33169 | | |
| 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  (R. Nzeribe Agent) DATE | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 OBASI, AMBROSE 3800 NW 183 ST #107 MIAMI, FL 33055 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition NONE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete DIRECTOR AMBROSE OBASI 3800 NW 183 ST #107 MIAMI FL 33055 | | 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:  AMBROSE OBASI 6/10/08 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |