2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P03000124426

Entity Name: RAULERSON WALLBANGERS, INC.

Current Principal Place of Business:

4210TROUTRIVERBLVD
JACKSONVILLE, FL 32208

New Principal Place of Business:

5030 PARETE RD.S
JACKSONVILLE, FL 32218

Current Mailing Address:

4210TROUTRIVERBLVD
JACKSONVILLE, FL 32208

New Mailing Address:

5030 PARETE RD.S
JACKSONVILLE, FL 32218

FEI Number: 20-0360035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAULERSON, EDNA
4210TROUTRIVERBLVD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

RAULERSON, EDNA
5030 PARETE RD.S
JACKSONVILLE, FL 32218 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: EDNA RAULERSON 04/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAULERSON, EDNA
Address: 4210TROUTRIVERBLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP ( ) Delete
Name: RAULERSON, CHARLES
Address: 4210TROUTRIVERBLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: RAULERSON, TONY
Address: 4210TROUTRIVERBLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: FALANA, DAVID
Address: 8654-11 NEW KINGS RD
City-St-Zip: JACKSONVILLE, FL 32219

Title: S ( ) Delete
Name: MOBLEY, JOSEPH
Address: 8817 BELLROSE AVE.
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAULERSON, EDNA
Address: 5030 PARETE RD.S
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Change ( ) Addition
Name: RAULERSON, CHARLES
Address: 5030 PARETE RD.S
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change ( ) Addition
Name: RAULERSON, TONY
Address: 5030 PARETE RD.S
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDNA RAULERSON P 04/13/2009
Electronic Signature of Signing Officer or Director Date