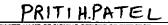
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 25, 2006 08:00 All Secretary of State **DOCUMENT # P04000106158** 1. Entity Name RAHI PALM COAST, INC. Principal Place of Business Mailing Address 126 FLAGLER PLAZE DRIVE 126 FLAGLER PLAZE DRIVE PALM COAST, FL 32137 PALM COAST, FL 32137 07052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2148333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, HITESH R DO NOT WRITE 126 FLAGLER PLAZA DRIVE PALM COAST, FL 32137 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE PRES PATEL, HITESH R STREET ADORESS 126 FLAGLER PLAZA DRIVE CITY-ST-71P PALM COAST., FL -32127 U00000575328 08/25/06-80005-014 550.00 VΡ TITLE PATEL, PRITI H 126 FLAGLER PLAZA DRIVE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP



07-18-2004

386-569-7101

Date

Dáytimé Phone

FILED