

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165343

Entity Name: RAW HEALTH, INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

505 SHOREVIEW AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

1287 SEMINOLA BLVD
UNIT #103
CASSELBERRY, FL 32707

Current Mailing Address:

505 SHOREVIEW AVE.
WINTER PARK, FL 32789

New Mailing Address:

1368 PLACE VENDOME
WINTER PARK, FL 32789

FEI Number: 20-1894767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETRI, DENISE L
505 SHOREVIEW AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

PETRI, DENISE L
1368 PLACE VENDOME
WINTER PARK, FL 32789 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:

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, CHARLES
Address: 505 SHOREVIEW AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S/T () Delete
Name: PETRI, DENISE L
Address: 505 SHOREVIEW AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRIS, CHARLES
Address: 1368 PLACE VENDOME
City-St-Zip: WINTER PARK, FL 32789

Title: S/T (X) Change () Addition
Name: PETRI, DENISE L
Address: 1368 PLACE VENDOME
City-St-Zip: WINTER PARK, FL 32789

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: DENISE L. PETRI

S/T

06/16/2009

Electronic Signature of Signing Officer or Director

Date