2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# P06000103415

Entity Name: RAW HEALTH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

505 SHOREVIEW AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

505 SHOREVIEW AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-5342061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICK MULLER,INC.
1127 S.PATRICK DRIVE
#3
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

DENISE L. PETRI
505 SHOREVIEW AVE
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: DENISE L PETRI 04/22/2007
Electronic Signature of Registered Agent Date

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: VP ( ) Delete
Name: JAKUBOWSKI, DENNIS G
Address: 505 SHOREVIEW AVENUE
City-St-Zip: WINTER PARK, FL 32789

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: JAKUBOWSKI, DENNIS G
Address: 117 MILL RUN DRIVE
City-St-Zip: LAKE MARY, FL 32746

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

I hereby certify that the information supplied with this filing does not qualify for the 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 04/22/2007
Electronic Signature of Signing Officer or Director Date