2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004688

Entity Name: RAUL STERLING, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15433 JACKSON ROAD 2800 OLYMPIC BLVD DELRAY BEACH, FL 33484 US

2ND FLOOR

SANTA MONICA, CA 90404

Current Mailing Address: New Mailing Address:

2800 OLYMPIC BLVD 15433 JACKSON ROAD

US DELRAY BEACH, FL 33484 2ND FLOOR

SANTA MONICA, CA 90404

FEI Number: 65-0552901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MIDON, RAUL S MIDON, RAUL S 2800 OLYMPIC BLVD. 15433 JACKSON RD

DELRAY BEACH, FL 33484 US 2ND FLOOR SANTA MONICA, FL 90404 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: RAUL S. MIDON 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MIDON, RAUL S MIDON, RAUL S Name: Name:

15433 JACKSON ROAD 2800 OLYMPIC BLVD., 2ND FLOOR Address: Address: City-St-Zip: DELARY BEACH, FL 33484 City-St-Zip: SANTA MONICA, CA 90404

() Delete Title: ٧S Title: ٧S (X) Change () Addition

Name: KAUSCH, KATHLEEN A Name: KAUSCH, KATHLEEN A

15433 JACKSON ROAD 2800 OLYMPIC BLVD., 2ND FLOOR Address: Address: DELRAY BEACH, FL 33484 SANTA MONICA, CA 90404 City-St-Zip: 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: RAUL S. MIDON DP 04/29/2009