2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P96000079243

Entity Name: RARA SERVICES, INC.

Current Principal Place of Business:

4801 PEREGRINE POINT CIRCLE WEST
SARASOTA, FL 34231 US

New Principal Place of Business:

4965 KESTRAL PARKWAY NORTH
SARASOTA, FL 34231 US

Current Mailing Address:

4801 PEREGRINE POINT CIRCLE WEST
SARASOTA, FL 34231 US

New Mailing Address:

4965 KESTRAL PARKWAY NORTH
SARASOTA, FL 34231 US

FEI Number: 74-6406994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROOKS, BETTY H
2750 WESTBURY CIRCLE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROOKS, RALPH W
Address: 2750 WESTBURY CIRCLE
City-St-Zip: TALLAHASSEE, FL 23203

Title: D ( ) Delete
Name: BROOKS, DAVID M
Address: 4801 PEREGRINE POINT CIRCLE WEST
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: COGGINS, CAROLYN B
Address: P.O.BOX 180848
City-St-Zip: TALLAHASSEE, FL 32318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BROOKS, DAVID M
Address: 4965 KESTRAL PARKWAY NORTH
City-St-Zip: SARASOTA, FL 34231

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: DAVID MAYSON BROOKS DIR 03/15/2009

Electronic Signature of Signing Officer or Director Date