2008 FOR PROFIT CORPORATION

May 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P98000016424 1. Entity Name R. A. F. HOLDINGS, INC. Mailing Address Principal Place of Business 2700 ARDISIA LANE 2700 ARDISIA LANE NAPLES, FL 34109 US NAPLES, FL 34109 US 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3493657 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FOWLE, RONALD A 2700 ARDISIA LANE NAPLES, FL 34109 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000940468 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE FOWLE, RONALD A NAME STREET ADDRESS 3638 CEDAR HAMMOCK CT NAPLES, FL 34112 CTTY-ST-ZIP TITLE FOWLE, RONALD A JR NAME 2700 ARDISIA LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED