

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002076  
 1. Entity Name  
 RED BARN ASSOCIATES, INC.



Principal Place of Business: C/O/ BROWN & STRUM, 260 E JEFFERSON ST., ROCKVILLE, MD 20850  
 Mailing Address: 6206 NORTH 27TH STREET, ARLINGTON, VA 22207



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 32-0030576 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LANGLER, ESQ, ALEXANDER M  
 88 W. RIVERSIDE DR  
 JUPITER, FL 33469

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  
 1000000890854  
 04/15/08-80078-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	LANDLER, ALEXANDER
STREET ADDRESS	88 WEST RIVERSIDE DRIVE
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	VS
NAME	MACHETTE, LEE
STREET ADDRESS	6206 NORTH 27TH STREET
CITY-ST-ZIP	ARLINGTON, VA 22207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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: Lee Machette Date: 4-1-2008 Daytime Phone #: 7035345209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR