


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P01000069710

1. Entity Name
RED ARMOUR, INC.



Principal Place of Business 12765 FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414	Mailing Address 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414
--	---

DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1120236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III P.A.
 12765 FOREST HILL BLVD.
 STE. 1302
 WEST PALM BEACH, FL 33414**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000897285
 04/25/08-80040-019 150.00

10. OFFICERS AND DIRECTORS

TITLE DPT	NAME ARMOUR, LESTER III
STREET ADDRESS 12765 FOREST HILL BLVD, STE 1302	CITY-ST-ZIP WELLINGTON, FL 33414

TITLE DS	NAME ARMOUR, LOUISE
STREET ADDRESS 12765 FOREST HILL BLVD, STE 1302	CITY-ST-ZIP WELLINGTON, FL 33414

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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: Lester Armour III Date: 4-10-08 Daytime Phone #: 561-373-9480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lester Armour, III, President