


2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

FILED
Aug 09, 2006 8:00 am
Secretary of State

07-19-2006 90005 039 ***150.00

DOCUMENT # P04000162229
 1. Entity Name
RED ARMY AT HUNT CLUB, INC.



Principal Place of Business
**931 STATE ROAD 434 SUITE 1045
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**931 STATE ROAD 434 SUITE 1045
 ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business
3309 E. S. R 436

3. Mailing Address

Suite, Apt. #, etc.
1013

Suite, Apt. #, etc.

City & State
Altamonte Springs FL

City & State
FL

Zip
32703

Country

Zip
 Country

07102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1964079

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DULIN, RAMSEY W
 201 E PINE SUITE 425
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 renewing)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUB, ROBERT A 931 STATE ROAD 434 SUITE 1045 ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **7/10/06** **407-617-4231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #