2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081575

Entity Name: RAIL EVENTS, INC

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1390 SOUTH DIXIE HIGHWAY **SUITE 1203** CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 1390 SOUTH DIXIE HIGHWAY **SUITE 1203** CORAL GABLES, FL 33146 US FEI Number: 65-0480292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLLE, DENNIS J ESQ 2525 PONCE DE LEON BOULEVARD SUITE 400 CORAL GABLES, FL 33134 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: () Change () Addition HARPER, ALLEN C Name: Name: 1390 SOUTH DIXIE HIGHWAY #1203 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: **VPSD** Title: Title: () Delete () Change () Addition Name: HARPER, CAROL E. Name: 1390 SOUTH DIXIE HIGHWAY #1203 Address: Address: CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: Title: Title: DP () Delete () Change () Addition JACKSON, JEFFREY Name: Name: 1390 SOUTH DIXIE HIGHWAY #1203 Address: Address: CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MURPHY, LORETTA A CFO Name: Name: Address: 1390 SOUTH DIXIE HIGHWAY #1203 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: Title: () Delete (X) Change () Addition SCHRANCK, PAUL Name: Name: SCHRANCK, PAUL 479 MAIN H DIXIE HIGHWAY #1203 Address: 479 MAIN AVENUE Address: City-St-Zip: DURANGO, CO 33146 City-St-Zip: DURANGO, CO 81301

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINA PEROZO ASST 04/26/2006