



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000047422 1. Entity Name RED BARN OF SARASOTA, INC.	
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Principal Place of Business 2058 BEE RIDGE RD SARASOTA, FL 34239	Mailing Address 2058 BEE RIDGE RD SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0668156	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

HARRELL, DONALD J
 2033 MAIN STREET
 SUITE 300
 SARASOTA, FL 34237

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)

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

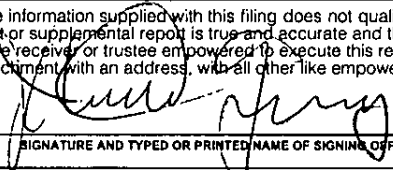
U00000892654
 04/23/08-80058-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOWAN, MICHAEL 1814 UPPER COVE TERR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUILLEN, MICHAEL 1648 STARLINS PLACE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAVEY, DONALD J 1660 BAY WINDS LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4-9-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #