2007 FOR PROFIT CORPORATION

Apr 11, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #500115** 1. Entity Name 04-11-2007 90026 041 ***150.00 REDDING PROPERTIES, INC. Principal Place of Business Mailing Address P.O. BOX 198 3440 Engle Nest DR. ODESSA, FL 93556 HERNANDO BEACH 14201 SR 54 ODESSA, FL 33556 F1. 34607 3. Mailing Address 2. Principal Place of Business - No P.O. Box # New Above Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 59-1673890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REDDING, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 14201 SR 54 ODESSA, FL 33556-0531 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered egent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete REDDING, CHARLES E. NAME NAME POBOX-198 New Addiess Above STREET ADDRESS STREET ADDRESS ODESSA, FL 335560198 CITY-ST-ZIP CITY-ST-ZIP **VPS** ☐ Change ■ Addition Delete REDDING, ROSE MARY NAME POBOX 198 NEW AddRESS Above STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODE66A, FL 335560198 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Channe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP- -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

Rose Mary Redding

14-9-07 (352) 597-7454

SIGNATURE:

CITY-ST-71P

CITY-ST-ZIP

STREET ADDRESS

TELF

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-77P

TILE

NAME

G OFFICER OR DIRECTOR

☐ Delete

4-9-07 (352) 597-7454

Data Deptine Priorie #

FILED

Change

Addition