

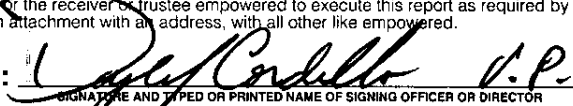


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F96000004951</b> 1. Entity Name <b>RUBY RED REALTY CORP.</b>						<b>FILED</b> <b>04 SEP -3 PM 1:37</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>12800 UNIVERSITY DRIVE STE 400 FORT MYERS, FL 33907</b>				Mailing Address <b>12800 UNIVERSITY DRIVE STE 400 FORT MYERS, FL 33907</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>13-3921531</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CALLAHAN, W. SCOTT 37 NO. ORANGE AVE., SUITE 200 ORLANDO, FL 32802-3388</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ROSEN, MICHAEL E</b> <b>12800 UNIVERSITY DRIVE STE 400</b> <b>FORT MYERS, FL 33907</b> <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	V <b>CLARK, DAVE</b> <b>12800 UNIVERSITY DRIVE STE 400</b> <b>FORT MYERS, FL 33907</b> <input checked="" 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	V <b>CORDELLO, DOUG</b> <b>12800 UNIVERSITY DRIVE STE 400</b> <b>FORT MYERS, FL 33907</b> <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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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: 				Date <b>8/31/04</b>			

**CSC.**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 874190 7107883

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 61.25

ORDER DATE : September 3, 2004

ORDER TIME : 10:39 AM

ORDER NO. : 874190-015

CUSTOMER NO: 7107883

CUSTOMER: Ms. Anne Winsor  
Stump Storey & Callahan, P.a.  
Suite 200  
37 North Orange Ave.  
Orlando, FL 32801

RECEIVED  
SEP - 3 PM 12:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: RUBY RED REALTY CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_