

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000807

Entity Name: RAIL ENTERPRISES, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

100 ORANGE AVE
ORLANDO, FL 32852

New Principal Place of Business:

Current Mailing Address:

PO BOX 568508
ORLANDO, FL 328568508

New Mailing Address:

FEI Number: 11-3051523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, JAMES R
452 OSCEOLA ST., #211
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PRIMI, DON
Address: P.O. BOX 568508 N/A
City-St-Zip: ORLANDO, FL 32856

Title: DC () Delete
Name: PRIMI, DON
Address: P.O. BOX 568508 N/A
City-St-Zip: ORLANDO, FL 32856

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON PRIMI

PRES

05/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date