


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # K94875 1. Entity Name RED ROAD ASSOCIATES, INC.	
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Principal Place of Business C/O MICHAEL B. SCHUSTER 951 BROKEN SOUND PARKWAY N.W. SUITE 100 BOCA RATON, FL 33487	Mailing Address C/O MICHAEL B. SCHUSTER 951 BROKEN SOUND PARKWAY N.W. SUITE 100 BOCA RATON, FL 33487
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07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHUSTER, MICHAEL B. 951 BROKEN SOUND PARKWAY N.W. SUITE 100 BOCA RATON, FL 33487

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, I. TULLY 951 BROKEN SOUND PRKWY. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, RITA M. 951 BROKEN SOUND PRKWY. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, MICHAEL B. 951 BROKEN SOUND PRKWY. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, RONALD F. 951 BROKEN SOUND PRKWY. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUSTER, TAMMY M. 951 BROKEN SOUND PRKWY. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/05-80007-008 558.75

**DO NOT WRITE
IN THIS SPACE**

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 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 or without other like empowered.

SIGNATURE:  I. TULLY SCHUSTER 07/05/05 561-241-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #