

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 037 ****61.25

DOCUMENT # N00000002490

1. Entity Name
REDLAND ORCHID FESTIVALS, INC.



Principal Place of Business
**26505 SW 203 AVE
HOMESTEAD, FL 33031**

Mailing Address
**P O BOX 924243
HOMESTEAD, FL 33092-4243**

00007714



05082006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1025982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RANDALL, ROBERT
26505 SW 203 AVE
HOMESTEAD, FL 33031**

**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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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 BRETSNYDER, LYNN 14400 SW 248 STREET PRINCETON, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERERS, BILL 18755 SW 248 STREET HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANDALL, ROBERT 26505 SW 203 AVE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMERON, KEN 26620 SW 203 AVE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDAN, BARBARA 20075 SW 180 AVE HOMESTEAD, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EXPOSITO, JOSE 25750 SW 177 AVE HOMESTEAD, FL 33031

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Ken Cameron Ken Cameron 5/8/06 (305)246-2473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #