

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002490

FILED
Apr 21, 2009
Secretary of State

Entity Name: REDLAND ORCHID FESTIVALS, INC.

Current Principal Place of Business:

26505 SW 203 AVE
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

P O BOX 924243
HOMESTEAD, FL 330924243

New Mailing Address:

FEI Number: 65-1025982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, BILL
18755 SW 248 ST
HOMESTEAD, FL 33031 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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: EXPOSITO, JOSE
Address: 25750 SW 177 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: STD () Delete
Name: PETERS, BILL
Address: 18755 SW 248 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: PD () Delete
Name: RANDALL, ROBERT
Address: 26505 SW 203 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: BALDAN, BARBARA
Address: 20075 SW 180 AVE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: MOTES, MARTIN
Address: 25000 SW 162 AVE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL PETERS

Electronic Signature of Signing Officer or Director

STD

04/21/2009

Date