2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # N01000005586 CITIZENS AGAINST REDLAND INCORPORATION, INC. Principal Place of Business Mailing Address 18001 SW 285 STREET 18001 SW 285 STREET HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 01082005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1135095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOSNER, STEVEN D DO NOT WRITE 65 N.W. 16TH STREET HOMESTEAD, FL 33030 IN THIS SPACE 5. 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 Signature, typed or printed name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10, OFFICERS AND DIRECTORS DŢ TITLE NAME ALGER, RICHARD STREET ADDRESS 18001 S.W. 285TH STREET CITY-ST-ZIP HOMESTEAD, FL 33030 U00000310943 04/18/05-80025-009 61.25 TITLE D NAME CASE, GERALD C STREET ADDRESS 14925 S.W. 232ND STREET CITY-ST-7IP **BOULDS, FL 33170** TITLE D NAME WATKINS, MICHAEL E 16881 S.W. 266TH TERRACE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HOMESTEAD, FL 33031 IN THIS SPACE TITLE D PENA, GEORGE A JR. NAME STREET ADDRESS 28245 S.W. 182ND AVENUE CITY-ST-ZIP HOMESTEAD, FL 33030 TITLE KENDALL, HAROLD JR. STREET ADDRESS P. O. BOX 157 CITY-ST-ZIP GOULDS, FL 33170 TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP