2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-23-2007 90007 002 ****61.25 DOCUMENT # N02000000836 RED HOT FIRE INC. Principal Place of Business Mailing Address 40039849 31512 GLADY LANE 31512 GLADY LANE TAVERES, FL 32778 TAVERES, FL 32778 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Cactus Cir N Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 Chg-NP CR2E037 (12/06) City & State City & State 4, FEI Number 01-0603082 Applied For Winter Haven FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33880 Polk 6. Name and Address of Current Registered Agent i. Name and Address of New Registered Agent Name LAMONS, JULIETA A Street Address (P.O. Box Number is Not Acceptable) 31512 GLADY LANE <u>17 Cactus Cir N</u> TAVERES, FL 32778 City Winter Haven Zip Code 33880 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE Change ☐ Addition NAME LAMONS JULIETA A NAME 17 Cactus Cir N 31512 GLADY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVERES, FL 32778 CITY-ST-ZIP Winter Haven FL 33880 D ☐ Delete X Change TITLE TITLE ☐ Addition LAMONS, STEVEN E NAME NAME 17 Cactus Cir N STREET ADDRESS 31512 GLADY LANE STREET ADDRESS TAVERES, FL 32778 CITY-ST-ZIP Winter Haven FL 33880 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition GREER, GARY L NAME NAME STREET ADDRESS 10509 GOOSE PRAIRIE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG, FL 34788 ☐ Delete TITLE ☐ Change ☐ Addition TITLE HENDERSON, KEN NAME STREET ADDRESS STREET ADDRESS 15422 CARROLLS CT. CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE CISLAK, LUCY NAME NAME STREET ADDRESS 214 HEDDON RD. STREET ADDRESS MURPHY, NC 28906 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition CISLAK, PAUL NAME NAME STREET ADDRESS 214 HEDDON RD STREET ADDRESS MURPHY, NC 28906 CITY-ST-ZIP

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:

FILED Mar 23, 2007 8:00 am