

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2006
Secretary of State**

DOCUMENT# N02000000925

Entity Name: REDLAND RESCUE, INC.

Current Principal Place of Business:

19100 S.W. 304TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901616
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 04-3604343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, PAMELA
19100 S.W. 304TH STREET
HOMESTEAD, FL 33030 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: TSD () Delete
Name: GRAY, PAMELA
Address: 19100 S.W. 304 ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: PD () Delete
Name: RUSSO, JOAN
Address: 441 W. TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: VD () Delete
Name: SANDERS, SAMUEL R
Address: 8650 NW 21 CT.
City-St-Zip: SUNRISE, FL 33322

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA GRAY

TSD

02/10/2006

Electronic Signature of Signing Officer or Director

Date