


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000000925**

1. Entity Name  
**REDLAND RESCUE, INC.**



Principal Place of Business  
**19100 S.W. 304TH STREET  
 HOMESTEAD, FL 33030**

Mailing Address  
**P.O. BOX 901616  
 HOMESTEAD, FL 33090**



02112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3604343**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAY, PAMELA  
 19100 S.W. 304TH STREET  
 HOMESTEAD, FL 33030**

**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:  **Pamela Gray** **2/10/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

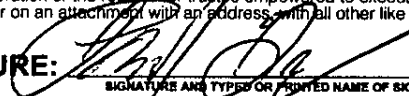
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, PAMELA 19100 S.W. 304 ST. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, JOAN 441 W. TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, SAMUEL R 8650 NW 21 CT. SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/21/08-80053-001 61.25

**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:  **Pamela Gray** **2/11/08** **786-259-3584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #