FOR PROFIT CORPORATION

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DOCUMENT # N03000009592 1. Entity Name											
RedTail Golf Club, Inc.											
DO NOT WRITE IN THIS SPACE											
Principal Place of Business 1275 Lake Heathrow Lane				3. Mailing Address 1275 Lake Heathrow Lane							
Suite, Apt #. etc				Suite. Apt. #, etc.					DO NOT WRITE IN THIS SPA	ACE	
City & State				City & State				4. FEI	Number	Applied For	
Heathrow, FL				Heathrow, FL			_		None	Not Applicable	
^{Z_Ω} 32746	Country USA		Zip 3274	32746 USA		5		5. Certificate of Status Desired S8.75 Additional Fee Required			
			7. Name and Address of Current Registered Agent Name Paul Roecker, Esq								
								(P.O. Box Number is Not Acceptable)			
	N THIS			1275 Lake Heathrow Lane							
114 11110 017											
a The character	Cny Heathro					FL	Zip Code 32746				
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. Lam familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typical or printed native properties appear and title if applicable. (NOTE Registered Agent signature required when reinstalling).											
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25									9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check 10.	Payable to	Florida Departme OFFICERS	AND DIRECTO	RS	1						
THILE	President George P. Apostolicas						U00000554537				
name Street adoress		NAME STREET ADDRESS				05/15/06-80096-0	06 150.00				
Heathrow, FL 32746				City·si-Zip						· ·	
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TITLE						TITLE					
NAME CONTACTOR				NAME STREET			ADDRESS DO NOT WOITE				
STREET ADDRESS City-ST-Zip	4				CHY-ST-ZIP			DO NOT WRITE			
TITLE						TITLE NAME			IN THIS SPACE		
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CHY-SI-ZIP					CITY	-ST-ZIP					
12. Thereby 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 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered											
K. Iam Rocchi											
SIGNATURE: VICENTOSI DE TOSI DE DAME DE SIGNING OFFICER OR DIRECTOR DIAME DE DAME DE DAME DE COMPTE DE LA COMPTE DE LA COMPTE DE COMPTE DE LA COMPTE DE COMPTE DE COMPTE DE LA COMPTE DE C											