FILED
May 22, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000066466

1. Entity Name
RED/LINE CSI, INC.

Principal Place of Business	Mailing Address
1678 EDITH ESPLANADE CAPE CORAL, FL 33904	1678 EDITH ESPLANADE CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

04302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1119780

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIGGER, WOLFGANG
1678 EDITH ESPLANADE
CAPE CORAL, FL 33904

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOSS, GUNTER
STREET ADDRESS	1678 EDITH ESPLANADE
CITY-ST ZIP	CAPE CORAL, FL 33904
TITLE	VPD
NAME	STEINRINGER, WERNER
STREET ADDRESS	1678 EDITH ESPLANADE
CITY-ST ZIP	CAPE CORAL, FL 33904
TITLE	VPD
NAME	DOEHLA, JOACHIM
STREET ADDRESS	1678 EDITH ESPLANADE
CITY-ST ZIP	CAPE CORAL, FL 33904
TITLE	VPD
NAME	LIBAL, OTTO
STREET ADDRESS	1678 EDITH ESPLANADE
CITY-ST ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	GIGGER, WOLFGANG
STREET ADDRESS	1678 EDITH ESPLANADE
CITY-ST ZIP	CAPE CORAL, FL 33904
TITLE	SD
NAME	BARROCAS, GASTON
STREET ADDRESS	1678 EDITH ESPLANADE
CITY-ST ZIP	CAPE CORAL, FL 33904

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05/22/06-80006-017 150.00

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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 607, 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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #