


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90273 016 \*\*\*150.00

<b>DOCUMENT # P01000069710</b>	
1. Entity Name <b>RED ARMOUR, INC.</b>	

Principal Place of Business <b>12765 FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414</b>	Mailing Address <b>12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**00040485**

03092005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1120236**

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

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent	
<b>DE MENDOZA, MARIO III 12765 FOREST HILL BLVD. STE. 1302 WEST PALM BEACH, FL 33414</b>	

7. Name and Address of New Registered Agent	
Name <b>MARIO G. DE MENDOZA, III, P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>12765 FOREST HILL BLVD.</b>	
<b>SUITE 1302</b>	
City <b>WELLINGTON</b>	FL <b>33414</b>

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 **MARIO G. de MENDOZA, III, P.A.** *[Signature]* **3/9/05**  
DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ARMOUR, LESTOR III 12765 FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMOUR, LOUISE 12765 FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ARMOUR, LESTER III 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMOUR, LOUISE 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Lester Armour, III, Pres.** **4/22/05** **561 373-9480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #