2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112116

Entity Name: REDLAND HIDEAWAY, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15600 S.W. 288 ST, #404 29400 S.W. 194 AVENUE HOMESTEAD, FL 33033 US HOMESTEAD, FL 33030 US

Current Mailing Address: New Mailing Address:

15600 S.W. 288 ST, #404 29400 S.W. 194 AVENUE HOMESTEAD, FL 33033 US HOMESTEAD, FL 33030 US

FEI Number: 20-1255163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SMITH, RONALD A
 SMITH, RONALD A

 15600 S.W. 288 ST, #404
 29400 S.W. 194 AVENUE

 HOMESTEAD, FL 33033
 US

 HOMESTEAD, FL 33030
 US

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: 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SMITH, DOUGLAS B

 Name:
 SMITH, DOUGLAS B

 Address:
 15600 S.W. 288 ST, #404

 City-St-Zip:
 HOMESTEAD, FL 33033 US

 Title:
 SD
 () Delete

 Name:
 SMITH, LINDA H

 Address:
 15600 S.W. 288 ST, #404

 City-St-Zip:
 HOMESTEAD, FL 33033 US

 Title:
 VPD
 () Delete

 Name:
 SMITH, RONALD A

 Address:
 15600 S.W. 288 ST, #404

 City-St-Zip:
 HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition

Name: SMITH, DOUGLAS B
Address: 29400 S.W. 194 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: SD (X) Change () Addition

 Name:
 SMITH, LINDA H

 Address:
 29400 S.W. 194 AVENUE

 City-St-Zip:
 HOMESTEAD, FL 33030 US

Title: VPD (X) Change () Addition

Name: SMITH, RONALD A
Address: 29400 S.W. 194 AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD A. SMITH VPD 04/28/2009