

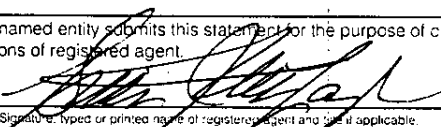
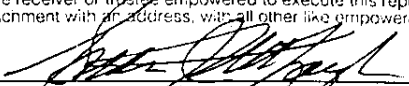


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 031 ***150.00

| | | | | | |
|---|--|---|--|---|---|
| DOCUMENT # P01000112707 1. Entity Name RED QUEEN DEVELOPMENT, INC. | | | |  | |
| Principal Place of Business C/O DEVELOPMENT MANAGEMENT GROUP, INC. 3250 MARY STREET SUITE 401 COCONUT GROVE, FL 33133 | | | Mailing Address C/O DEVELOPMENT MANAGEMENT GROUP, INC. 3250 MARY STREET SUITE 401 COCONUT GROVE, FL 33133 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. SUITE 402 | | 3. Mailing Address Suite, Apt. #, etc. SUITE 402 | |  | |
| City & State | | City & State | | 01162004 Chg-P CR2E034 (10/03) | |
| Zip | | Zip | | 4. FEI Number 65-1159742 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MCLAUGHLIN, BRIAN A 3250 MARY STREET, SUITE 401 COCONUT GROVE, FL 33133 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 402 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  DATE 1/16/04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLAUGHLIN, BRIAN A 3250 MARY STREET, SUITE 401 COCONUT GROVE, FL 33133 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. I changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 1/16/04 305-444-9166 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |