2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 19, 2007 8:00 am DOCUMENT # P02000098339 Secretary of State 1. Entity Name RED NECK RIDERS, INC. 04-19-2007 90208 024 ***150.00 Principal Place of Business Mailing Address 676 WARCEPECT FD 676 WPPCSPECT FD FTLALDEFDALE, FL 33309 FTLALDEFDALE FL 33309 04132007 No Chg-P CR2E034 (11/05) . DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0428068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAMP, FRANK DO NOT WRITE 676 W PROSPECT RD FT LAUDERDALE, FL 33309 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SAMP, FRNK STREET ADDRESS 676 W PROSPECT RD CITY-ST-ZIP FT LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS

I hereby certify that the information supplied with the filling 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 of the feediver 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 chapter 0 or on a state threshold with an address with all other like empowered.

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> NTED NAME OF SIGNING OFFICER OR DIRECTOR GNATURE AND TYPED OR