


FILED
May 02, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000023055

1. Entity Name
RED LANTERN, INC.



Principal Place of Business
**8221 GLADES RD STE C, 5 & 6
 BOCA RATON, FL 33434**

Mailing Address
**8221 GLADES RD STE C, 5 & 6
 BOCA RATON, FL 33434**

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1687899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEN, CHUNG MING
 6432 COUNTRY FAIR DR
 BOYNTON BEACH, FL 33437**

**DO NOT WRITE
 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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000945180
 05/29/08 80129 017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEN, CHUNG MING 6432 COUNTRY FAIR CIR. BOYNTON BEACH, FL 33437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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 any other like empowered.

SIGNATURE:  **4/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #