

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045713

Entity Name: RED REEF REALTY, INC.

FILED  
Jun 24, 2006  
Secretary of State

**Current Principal Place of Business:**

2701 NW BOCA RATON BLVD  
111  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 294  
BOCA RATON, FL 33429

**New Mailing Address:**

FEI Number: 20-0005652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINDHOLM, RALPH I  
2701 NW BOCA RATON BLVD  
111  
BOCA RATON, FL 33431 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LINDHOLM, RALPH I  
Address: 474 NE 5TH STREET  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LINDHOLM, RALPH I  
Address: 898 SEVILLA DRIVE  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH I. LINDHOLM

P

06/24/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date