2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2007 08:00 AM **DOCUMENT # P03000111724 Secretary of State** RED HAT UNDERWRITERS, INC. Principal Place of Business Mailing Address 24206 W NEWBERRY RD 24206 W NEWBERRY RD NEWBERRY, FL 32669 NEWBERRY, FL 32669 01292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 26-0072281 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LUSH, RAYMOND DO NOT WRITE 24206 W NEWBERRY RD NEWBERRY, FL 32669 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 rematating) U0000006427213 03/01/07-80028-021 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LUSH, RAYMOND L STREET ADDRESS 4060 NW 20TH AVE CITY-ST-ZIP BELL, FL 32619 LUSH, KELDA NAME STREET ADORESS 4060 NW 20TH AVE BELL, FL 32619 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 all other like eropowered.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-Z/P

SIGNATURE (IN) TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

2/19/07

352-472-2225

FILED

Daytme Phone #