


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90086 002 ***150.00

DOCUMENT # P04000061844 1. Entity Name REDHAWKE INCORPORATED					
Principal Place of Business PO BOX 6621 WEST PALM BEACH, FL 33405				Mailing Address PO BOX 6621 WEST PALM BEACH, FL 33405	
2. Principal Place of Business - No P.O. Box # 120 S. Olive Ave		3. Mailing Address 120 S. Olive Ave			
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 81-0648324	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIELY, DAN 609 LAKE AVENUE, SUITE 2 LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent Name Kiely, Dan Street Address (P.O. Box Number is Not Applicable) 120 S. Olive Ave, Suite 400 City West Palm Beach FL Zip Code 33401	
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 <u><i>Dan Kiely</i></u> 4/30/07 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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,P KIELY, DAN 609 LAKE AVENUE, SUITE 2 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P Kiely, Dan 120 S. Olive Ave, Suite 400 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 empowered.					
SIGNATURE: <u><i>Dan Kiely</i></u> DAN KIELY 4/30/07 561 832 3321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					