2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State
05-12-2006 90028 040 ***150.00

DOCUMENT # P04000088933

1. Entity Name
RED FLAG INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
4250 ALAFAYA TRAIL STE. 212-362 OVIEDO, FL 32765 US	4250 ALAFAYA TRAIL STE. 212-362 OVIEDO, FL 32765 US

2. Principal Place of Business		3. Mailing Address	
3431 Harrow Ln.		3431 Harrow Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Oviedo, FL		Oviedo, FL	
City & State		City & State	
Zip 32765	Country USA	Zip 32765	Country USA

05092006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1804178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

ASHCRAFT, DAVID L
4250 ALAFAYA TRAIL
STE. 212-362
OVIEDO, FL 32765

David L. Ashcraft
3431 Harrow Lane
Oviedo, FL
32765

7. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4/30/06
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
Due by September 6, 2006

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHCRAFT, DAVID L 3431 HARROW LANE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] David L. Ashcraft 4/30/06 407-366-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #