2006 FOR PROFIT CORPORATION

SIGNATURE: x

Jun 16, 2006 8:00 am **ANNUAL REPORT (AR)** Secretary of State DOCUMENT # P04000133705 05-02-2006 90218 006 ***150.00 REDEMPTION HEADQUARTERS, INC. Principal Place of Business Mailing Address 12019 STILL MEADOW DRIVE CLERMONT FL 34711 12019 STILL MEADOW DRIVE CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 04-3797779 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME GORDON, RANDY Street Address (P.O. Box Number is Not Acceptable) 12019 STILL MEADOW DRIVE **CLERMONT FL 34711** 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 TORDON FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 P. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DAWN GORDON TITLE NAME GORDON, RANDY MANAF 12019 STILL MEADOW Dr. STREET ADDRESS 12019 STILL MEADOW DRIVE STREET ADDRESS CLERMONT CITY ST- 7P CLERMONT FL 34711 CITY-ST-2P MILE Delete TITLE VICE President/ MAME NAME secretary/Treasurer STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE Change | ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MULE Oelete TILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALES STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED

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