2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000143905

1. Entity Name

REDBI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4927 ALLEN ROAD ZEPHYRHILLS FL 33541	4927 ALLEN ROAD ZEPHYRHILLS FL 33541

1st MOORE   CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address		
Suite, Apt. #, etc	Suite, Apt. #, etc	**4.** FEI Number 20-1767470	Applied For / Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
H.B. ROSS & CO. 5243 GALL BLVD SUITE 4 ZEPHYRHILLS FL 33542	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, 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 **After May 1, 2007 Fee Will Be $550.00** **Make Check Payable to Florida Department of State**		**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME IWANOWSKA, ELZBIETA STREET ADDRESS 4011 ALLEN ROAD CITY-ST-ZIP ZEPHYRHILLS FL 33541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000612248 02/02/07-80100-004 150.00
TITLE VP NAME BUTTER, RICHARD STREET ADDRESS 4011 ALLEN ROAD CITY-ST-ZIP ZEPHYRHILLS FL 33541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _Richard D Butler_   Richard D. Butler   1/29/07   813-782-6947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #