* "2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2008 08:00 AN Secretary of State DOCUMENT # P04000143905 1. Entity Name REDBI ENTERPRISES, INC. Mailing Artoress Principal Place of Business 4927 ALLEN ROAD 4927 ALLEN ROAD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 20-1767470 Not Applicable Z_{ip} 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 Namo H.B. ROSS & CO. Street Address (P.O. Box Number is Not Acceptable) 5243 GALL BLVD SUITE 4 ZEPHYRHILLS FL 33542 City 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, typed or printed name of rog stored agent and title if as pricable. DATE (NOTE Registree Appril summary required when remetating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution [Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Derete Change Addition TITLE NAME IWANOWSKA, ELZBIETA NAME 0000000816794 STREET ADDRESS 4011 ALLEN ROAD STREET ADDRESS 02/14/08-80065-011 150.00 CiTY-ST-713 ZEPHYRHILLS FL 33541 CHY-ST 7IP VΡ Da-ete TITLE TITLE Change Addition BUTTER, RICHARD NAME NAME 4011 ALLEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ZEPHYRHILLS FL 33541 CITY-ST-ZIP HID £ ☐ De-ete Change Addition MAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change 1014 ☐ Delete TIXE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Defete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-218 CITY-ST-ZIP Addition TITLE THE ☐ Change ☐ Defete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP

FILED

SIGNATURE: Bull - Richard D. Butter 2/4/08 813-782-6947

12. Thereby certify that the information supplied with this filling 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.