
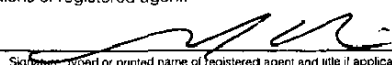



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90087 026 \*\*\*150.00

<b>DOCUMENT # P05000000631</b>					
<b>1. Entity Name</b> REDPHYSH COMPANY, INC.					
<b>Principal Place of Business</b> 2910 ATLANTIC AVE FERNANDINA BEACH, FL 32034			<b>Mailing Address</b> <del>1738 LESLIE COURT</del> <del>FERNANDINA BEACH, FL 32034</del>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> P.O. Box 721			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Fernandina Beach		<b>4. FEI Number</b> 20-2087960	
<b>Zip</b>		<b>Country</b> 32035		<b>Country</b> Nassau	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CHI, SAMUEL <del>1738 LESLIE COURT</del> <del>FERNANDINA BEACH, FL 32034</del>				Name Street Address (P.O. Box Number is Not Acceptable) 605 Amelia Circle City Fernandina Beach FL Zip Code 32034	
<b>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.</b>					
SIGNATURE: 				DATE: 4/27/07	
(NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> CHI, SAMUEL		<input type="checkbox"/> Delete	<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>STREET ADDRESS</b> <del>1738 LESLIE COURT</del> 605 Amelia Circle			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> VP	<b>NAME</b> DORSON, JILL R		<input type="checkbox"/> Delete	<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>STREET ADDRESS</b> <del>1738 LESLIE COURT</del> 605 Amelia Circle			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> FERNANDINA BEACH, FL 32034			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> Name			<b>TITLE</b> Name		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> Name			<b>TITLE</b> Name		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> Name			<b>TITLE</b> Name		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> Name			<b>TITLE</b> Name		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> 				Date: 4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: (904) 277-0814	