2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED · Mar 28, 2008 08:00 Al DOCUMENT # P05000005903 Secretary of State 1. Entity Name RED SAIL INC. Principal Place of Business Mailing Address 5450 S BRYANT AVE 5450 S BRYANT AVE SANFORD, FL 32773 SANFORD, FL 32773 03242008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3085566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RITTER, KENNETH DO NOT WRITE 5450 S BRYANT AVE SANFORD, FL 32773 IN THIS SPACE 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 it applicable (NOTE, Registered Agont signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be U000000872391 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE RITTER, NATHAN NAME STREET ADDRESS 1430 SEMINOLA BOULEVARD CITY-ST-ZIP CASSELBERRY, FL 32707 TATLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP