

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068439

Entity Name: 40 RED, INC.

FILED  
Apr 24, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 770133  
OCALA, FL 34477

**New Principal Place of Business:**

64 JUNIPER TRAK  
OCALA, FL 34480

**Current Mailing Address:**

P.O. BOX 770133  
OCALA, FL 34477

**New Mailing Address:**

FEI Number: 20-2744585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARY, PIERRE  
P.O. BOX 770133  
OCALA, FL 34477      US

**Name and Address of New Registered Agent:**

GARY, PIERRE  
67 JUNIPER TRAK  
OCALA, FL 34480      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/24/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIERRE, GARY  
Address: 775 NW 57TH CT  
City-St-Zip: Ocala, FL 34482

Title: VP ( ) Delete  
Name: CREWS, ANTONIO  
Address: 64 JUNIPER TRAK  
City-St-Zip: Ocala, FL 34480

Title: T ( ) Delete  
Name: COLLIER, SHATOYA  
Address: 775 NW 57TH CT  
City-St-Zip: Ocala, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PIERRE, GARY  
Address: 67 JUNIPER TRAK  
City-St-Zip: Ocala, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PIERRE, SHATOYA  
Address: 67 JUNIPER TRAK  
City-St-Zip: Ocala, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHATOYA PIERRE

Electronic Signature of Signing Officer or Director

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04/24/2007

Date