


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90100 009 \*\*\*150.00

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT # P05000070802</b>   |  |   |   |    |   |
| <b>1. Entity Name</b><br>RED CHILIES, INC.   |  |   |   |   |   |
| <b>Principal Place of Business</b><br>1305 IVYHEDGE AVE<br>ST AUGUSTINE, FL 32092  |  |   | <b>Mailing Address</b><br>1305 IVYHEDGE AVE<br>ST AUGUSTINE, FL 32092           |   |   |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |   |   |
| <b>6. Name and Address of Current Registered Agent</b><br>GOPU, GEORGE R<br>1305 IVYHEDGE AVE<br>ST AUGUSTINE, FL 32092  |  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| <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 _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                      |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                    |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DPS<br>GOPU, GEORGE R<br>1305 IVYHEDGE AVE<br>ST AUGUSTINE, FL 32092       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DT<br>BIKKUMANIA, SRINIVAS<br>8989 ADAMS WALK DR<br>JACKSONVILLE, FL 32257 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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04232006 Chg-P CR2E034 (11/05)

**4. FEI Number** 25-1917516 ☐ Applied For ☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75** Additional Fee Required

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/29/06 President 904-386-8522