FILED
Jun 08, 2006 8:00 am
Secretary of State
05-01-2006 90370 020 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000105061

1. Entity Name
RED FOX ENERGY CORP.

66018141

Principal Place of Business	Mailing Address
7658 MUNICIPAL DIRVE ORLANDO, FL 32819 US	7658 MUNICIPAL DIRVE ORLANDO, FL 32819 US

03142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-324 1099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, MARTY
7658 MUNICIPAL DRIVE
ORLANDO, FL 34761

7. Name and Address of New Registered Agent

Name Donald M-STEIN
Street Address (P.O. Box Number is Not Acceptable)
7658 Municipal Dr
City Orl FL Zip Code 32819

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] 3/14/06
(Name, street or post office name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WIDTH, MARK 8067 AARWOOD TRAIL NW RAPID CITY, MI 49676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Douglas Calaway D.rector 7658 Muni.c.pal Dr Orl. Fl 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WIDTH, MARK 8067 AARWOOD TRAIL NW RAPID CITY, MI 49676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WIDTH, MARK 8067 AARWOOD TRAIL NW RAPID CITY, MI 49676	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Director 4/26/06 407 370 4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #