

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157802

FILED
Aug 31, 2009
Secretary of State

Entity Name: KODE RED, INC.

Current Principal Place of Business:

800 OCALA RD
300-141
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

800 OCALA RD
300-141
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 20-8253188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTFI, ZARIF
800 OCALA RD
300-141
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LUTFI, ZARIF
Address: 800 OCALA RD SUITE 300-141
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: TRES () Delete
Name: LUTFI, ZARIF
Address: 800 OCALA RD SUITE 300-141
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: SECT () Delete
Name: JACKSON, THOMAS
Address: 800 OCALA RD SUITE 300-141
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: DIR () Delete
Name: LUTFI, ZARIF
Address: 800 OCALA RD SUITE 300-141
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: DIR () Delete
Name: JACKSON, THOMAS
Address: 800 OCALA RD SUITE 300-141
City-St-Zip: TALLAHASSEE, FL 32304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ZARIF LUTFI

PRES

08/31/2009

Electronic Signature of Signing Officer or Director

_____ Date