

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037495

FILED
Feb 19, 2008
Secretary of State

Entity Name: RED LEDGES LAND DEVELOPMENT, INC.

Current Principal Place of Business:

1395 BRICKELL AVENUE
14TH FLOOR-JCS
MIAMI, FL 33131

New Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 460
MIAMI, FL 33157

Current Mailing Address:

1395 BRICKELL AVENUE
14TH FLOOR-JCS
MIAMI, FL 33131

New Mailing Address:

18001 OLD CUTLER ROAD
SUITE 460
MIAMI, FL 33157

FEI Number: 20-8808493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKROOT, JOHN C
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCT () Change (X) Addition
Name: BURNS, M. ANTHONY
Address: 18001 OLD CUTLER ROAD, SUITE 460
City-St-Zip: MIAMI, FL 33157 US

Title: D () Change (X) Addition
Name: ARCHIBALD, NOLAN D
Address: 701 E. JOPPA ROAD
City-St-Zip: TOWSON, MD 21286 US

Title: VS () Change (X) Addition
Name: CATES, TODD
Address: 2 SOUTH MAIN STREET, SUITE 2-A
City-St-Zip: HEBER CITY, UT 84032 US

Title: V () Change (X) Addition
Name: JOHNSON, MARIA
Address: 2 SOUTH MAIN STREET, SUITE 2-A
City-St-Zip: HEBER CITY, UT 84032 US

Title: V () Change (X) Addition
Name: BURNS, MITCHEL A JR.
Address: 2 SOUTH MAIN STREET, 2-A
City-St-Zip: HEBER CITY, UT 84032 US

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: M. ANTHONY BURNS

PDCT

02/19/2008

Electronic Signature of Signing Officer or Director

Date