

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037495

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: RED LEDGES LAND DEVELOPMENT, INC.

## Current Principal Place of Business:

18001 OLD CUTLER ROAD  
SUITE 460  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

18001 OLD CUTLER ROAD  
SUITE 460  
MIAMI, FL 33157

## New Mailing Address:

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

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

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

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

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

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

## 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:

Title: CFO ( ) Change (X) Addition  
Name: AUGER, THOMAS  
Address: 2 SOUTH MAIN STREET, 2-A  
City-St-Zip: HEBER CITY, UT 84032

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

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date