

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000011978

Entity Name: CLUB RED ZONE .INC

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2672 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

206 GATESIDE STREET  
LEHIGH ACRES, FL 33936 US

**Current Mailing Address:**

PO BOX 494847  
PORT CHARLOTTE, FL 33949 US

**New Mailing Address:**

206 GATESIDE STREET  
LEHIGH ACRES, FL 33936 US

FEI Number: 80-0537853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOST CHILD ENTERTAINMENT INC  
206 GATESIDE STREET  
LEHIGH ACRES, FL 33936 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WILLIAMS, ROLAND L  
Address: 206 GATESIDE STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P  
Name: WILLIAMS, ROSELIA D  
Address: 206 GATESIDE STREET  
City-St-Zip: LEHIGH ACRES, FL 33936 US

I hereby 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 all other like empowered.

SIGNATURE: ROLAND WILLIAMS

CEO

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date