


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000019948					
1. Entity Name REDMAN GROUP, INC.					
Principal Place of Business 22851 WARRICK WOOD CT BOCA RATON FL 33433 US			Mailing Address PO BOX 880006 BOCA RATON FL 33488 US		
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 65-0391241	
6. Name and Address of Current Registered Agent REDMAN, THOMAS 22851 WARRICK WOOD CT BOCA RATON FL 33433				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number, is Not Acceptable)				Street Address (P.O. Box Number, is Not Acceptable)	
City				City	
				FL Zip Code	
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, typed or printed name of registered agent and (to if applicable)		(NOTE: Registered Agent signature required when reinstating)	
				DATE	



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0391241** Applied For Not Applied

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDMAN, THOMAS			NAME			
STREET ADDRESS	22851 WARRICK WOOD COURT			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDMAN, ELVIRA A			NAME			
STREET ADDRESS	22851 WARRISK WOOD CT			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000518557 Change Addition
 05/01/06-80009-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Thomas Redman* **THOMAS REDMAN** 4/11/06 561-883-6119