2010 **FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
10 JAN 11 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023396

1. Entity Name
RED DOOR GALLERY, INC.

Principal Place of Business	Mailing Address
812 CAROLINE ST KEY WEST FL 33040 US	812 CAROLINE ST KEY WESTT FL 33040 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0583253 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIS, RENE
812 CAROLINE ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ____________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PT	BLAIS, RENE	812 CAROLINE STREET	KEY WEST FL 33040	☐ Delete
S	GILSON, JOHN	1113 VARELA ST	KEY WEST FL 33040	☐ Delete
D	GUNDOLFI, MIKE	1501 GULF BOULEVARD	INDIAN ROCKS BEACH FL 34635	☐ Delete
V	BICHOP, DEBORAH	P.O. BOX 653	SPRING VALLEY CA 91976	☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

U00000796344
01/29/08-80049-023 150.00

700165648937
01/11/10--01004--001 **150.00

700165648937
01/29/08--80049--023 **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: Rene Blais RENE BLAIS 01/05/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone