2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083264

Entity Name: RED SAIL ENTERPRISES, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 445 RED SAIL WAY SATELLITE BEACH, FL 32937 **Current Mailing Address: New Mailing Address:** 445 RED SAIL WAY SATELLITE BEACH, FL 32937 FEI Number: 59-3409297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, ROBERT G 445 RED SAIL WAY SATELLITE BEACH, FL 32937 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SMITH, ROBERT G Name: Name: 445 RED SAIL WAY Address: Address: City-St-Zip: SATELLITE BEACH, FL City-St-Zip: Title: VSTD Title: () Delete () Change () Addition Name: SMITH, CHARLOTTE A Name: 445 RED SAIL WAY Address: Address: SATELLITE BEACH, FL City-St-Zip: City-St-Zip: () Delete Title: Title: VD () Change () Addition SMITH, TIMOTHY J Name: Name: 435 GREEN TURTLE COVE Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: () Delete Title: () Change () Addition HUNSUCK, TAMARA L Name: Name: Address: 481 RED SAILWAY Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: Title: () Delete () Change () Addition SMITH, CHRISTOPHER M Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT G. SMITH PRES 04/16/2009

4704 MINOR CIRCLE

ALEXANDRIA, VA 22312

Address: City-St-Zip: