

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90021 016 ***150.00

DOCUMENT # P97000042722 1. Entity Name WILD RED HARE, INC.					
Principal Place of Business 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431			Mailing Address 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 4110 TUSCANY WAY		3. Mailing Address 4110 TUSCANY WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOYNTON BEACH		City & State BOYNTON BEACH		4. FEI Number 65-0767376	
Zip 33435		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHILDERS, WILLIAM N 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name <u>William & Christine Childers</u> Street Address (P.O. Box Number is Not Acceptable) 4110 TUSCANY WAY City BOYNTON BEACH State FL Zip Code 33435			
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 <u>Christine Childers</u> <u>William N Childers</u> 3/15/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILDERS, WILLIAM N 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4110 TUSCANY WAY BOYNTON BEACH, FLORIDA 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHILDERS, CHRISTINE M 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4110 TUSCANY WAY BOYNTON BEACH, FLORIDA 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Christine M. Childers</u>			3/15/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		