


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000069543 1. Entity Name RED STICK ACQUISITION CORPORATION	
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Principal Place of Business 5070 N HWY A1A STE D INDIAN RIVER SHORES, FL 32963	Mailing Address 5070 N. HWY A-1-A SUITE D VERO BEACH, FL 32963
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3526591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHWERIN, WARREN L 5070 N. HIGHWAY A-1-A SUITE D VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWERIN, WARREN L
STREET ADDRESS	667 OCEAN RD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	KREITLER, RICHARD
STREET ADDRESS	255 INDIAN HARBOR RD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	GORDON, RICHARD
STREET ADDRESS	125 DEERCLIFF RD
CITY-ST-ZIP	AVON, CT 06001
TITLE	D
NAME	BLAICHER, FREDERICK M
STREET ADDRESS	2770 INDIAN RIVER BLVD
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	WOODRUFF, ANTHONY C
STREET ADDRESS	BOX 795
CITY-ST-ZIP	DORSET, VT 05251
TITLE	S
NAME	WILSON, SHERRI D
STREET ADDRESS	100-25 CHATEAU LANE
CITY-ST-ZIP	HAWTHORNE, NY 10532

**DO NOT WRITE
IN THIS SPACE**

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: Warren L. Schwerin WARREN L. SCHWERIN 2-24-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #