

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073531

Entity Name: REDTILE, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

2400 FALKNER ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

2400 FALKNER ROAD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3596399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HARE, TOM
2400 FALKNER ROAD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

O'HARE, THOMAS
2400 FALKNER ROAD
ORLANDO, FL 32810 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: THOMAS O'HARE

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'HARE, TOM
Address: 2400 FALKNER ROAD
City-St-Zip: ORLANDO, FL 32810

Title: V () Delete
Name: CHAMBERS, JOHN P
Address: 1016 NANTUCK CT DR
City-St-Zip: HOUSTON, TX 77057

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: O'HARE, THOMAS
Address: 2400 FALKNER ROAD
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: THOMAS O'HARE

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date