

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095544

Entity Name: REDVECTOR.COM, INC.

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

TWO URBAN CENTER
4890 W KENNEDY BV SUITE 740
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

TWO URBAN CENTER
4890 W KENNEDY BV SUITE 740
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3614468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, JOSEPH V
4890 W. KENNEDY BLVD.
SUITE 740
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CHITESTER, DAVID D CHMN
Address: 5017 W. LAUREL ST.
City-St-Zip: TAMPA, FL 33607

Title: DP () Delete
Name: WALLACE, THOMAS E CEO
Address: 4890 W. KENNEDY BLVD., SUITE 740
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: LANG, ROBERT A
Address: 6418 BADGER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: SO () Delete
Name: PRICE, JOSEPH V CFO
Address: 4890 W. KENNEDY BLVD., SUITE 740
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: LUX, STEVEN F
Address: 777 S. HARBOUR ISLAND BLVD, SUITE 375
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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.

SIGNATURE: JOSEPH V. PRICE

CFO

01/15/2007

Electronic Signature of Signing Officer or Director

Date