2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# P99000095544

Entity Name: REDVECTOR.COM, INC.

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:	D	(X) Change ( ) Addition
Name:	CHITESTER, DAVID D CHMN	
Address:	4104 CAUSEWAY VISTA DR.	
City-St-Zip:	TAMPA, FL 33615	
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:	D	(X) Change ( ) Addition
Name:	LUX, STEVEN F	
Address:	707 W. AZEELE ST	
City-St-Zip:	TAMPA, FL 33606	

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.

SIGNATURE: JOSEPH V. PRICE CFO 03/14/2008

Electronic Signature of Signing Officer or Director — Date