

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095544

Entity Name: REDVECTOR.COM, INC.

FILED
Apr 16, 2009
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:

ADAMEK, R. KEVIN
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: 4104 CAUSEWAY VISTA DR.
City-St-Zip: TAMPA, FL 33615

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: ADAMEK, R. KEVIN
Address: 4890 W. KENNEDY BLVD., SUITE 740
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: LUX, STEVEN F
Address: 707 W. AZEELE ST
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SO (X) Change () Addition
Name: ADAMEK, R. KEVIN
Address: 4890 W KENNEDY BLVD SUITE 740
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: LUX, STEVEN F
Address: 707 W AZEELE ST
City-St-Zip: TAMPA, FL 33606

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

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: R KEVIN ADAMEK

CFO

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date