
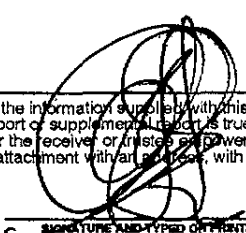


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

| | | | | |
|--|-----------------------------|---|--|---|
| DOCUMENT # S11054 1. Entity Name RED BOX ADVISORS CORP. | |  | | |
| Principal Place of Business % ARTHUR GOODMAN 12855 POND APPLE DRIVE EAST NAPLES, FL 34119-8561 | | Mailing Address % ARTHUR GOODMAN 12855 POND APPLE DRIVE EAST NAPLES, FL 34119-8561 | | |
| DO NOT WRITE IN THIS SPACE | | | | |
| | | | |  01052005 No Chg-P CR2E034 (10/03) |
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 65-0227542 | | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent GOODMAN, ARTHUR 12855 POND APPLE DRIVE EAST NAPLES, FL 34119-8561 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____ | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE 1000000173828 01/07/05-80034-005 150.00 | | |
| TITLE | DP | | | |
| NAME | GOODMAN, LOIS | | | |
| STREET ADDRESS | 12855 POND APPLE DRIVE EAST | | | |
| CITY-ST-ZIP | NAPLES, FL 341198561 | | | |
| TITLE | | | | |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | | | |
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| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 authority, with all other like empowered. | | SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| | | Date: 1/5/05 Daytime Phone #: 239 591 1009 | | |