

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125363

FILED
Aug 30, 2008
Secretary of State

Entity Name: RED DYE 5, INC.

Current Principal Place of Business:

2705 VIRGINIA DR.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

14358 BLUE VISTA WAY
BROOMFIELD, CO 80020

New Mailing Address:

14358 BLUE VISTA WAY
BROOMFIELD, CO 80023

FEI Number: 20-1546509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICK, RICHARD
2705 VIRGINIA DR.
ORLANDO, FL 32803 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: DPTS () Delete
Name: HELMICK, RICHARD
Address: 14358 BLUE VISTA WAY
City-St-Zip: BROOMFIELD, CO 80020

Title: DV () Delete
Name: KELLIHER, PATRICK
Address: 14358 BLUE VISTA WAY
City-St-Zip: BROOMFIELD, CO 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: HELMICK, RICHARD
Address: 14358 BLUE VISTA WAY
City-St-Zip: BROOMFIELD, CO 80023

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: RICK HELMICK

DPTS

08/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date