2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 17, 2008 8:00 am Secretary of State

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1. Entity Name
THE RIVER CARDEN ALIXETARY INC.



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RIVER GARD	ee of Business EN HOME ST. AUGUSTINE RD. LE, FL 32258 US	Mailing Address 11401 OLD ST. AUGUS JACKSONVILLE, FL 322			40047314		
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
a. Thopan		- Maining / Notices			BILBI BIIBI IRIIN IJAII BIDII DIBII BINGI NIJAII	Plati Bibliol Bi IBBI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01272008 Chg-NP CR2E037 (12/06)		
City & Stat	le .	City & State		4. FEI Number 59-614367	4. FEI Number Applied For 59-6143672 Not Applicable		
Zip	Country	Zip	Zip Country		S. Certificate of Status Desired Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Agent		
MEISEL, E			Name	<u>. </u>			
9439 SAN JACKSON	JOSE BLVD., #200 IVILLE, FL 32257		Street Addr	ress (P.O. Box Number is N	Not Acceptable)		
			City		FL Z	ip Code	
8. The above	a named entity submits this statement for	or the purpose of changing its	registered office or re-	egistered agent, or both, in		ar with, and accept	
	tions of registered agent.					,	
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature r	required when reinstating)	DATE	Ì	
SIGNATORIE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008		npaign Financing	\$5.00 May Be	Make check pay Florida Departmen		
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make check pay	t of State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SI	GN/	۱TL	IRE:

Y lancy athistale Nancy A. Mizrahi signature and typed on printer dame of signing officer on director

3/14/08

904-262-6001

Daytime Phone #