2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Apr 14, 2006 08:00 AN Secretary of State **DOCUMENT # J68379** 1. Entity Name RIVERBANK FINANCIAL CORP. Mailing Address Principal Place of Business 04/28/06-80001-017 150.00 539 E. OAKLAND PARK BLVD. 539 E. QAKLAND PARK BLVD. OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 No Cha-P CR2E034 (11/05) 03242006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0001845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHEELEY, MARK 539 E. OAKLAND PARK BLVD. OAKLAND PARK, FL 33334 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHEELEY, MARK NAME STREET ADDRESS 539 E. OAKLAND PARK BLVD. CITY-ST-ZIP OAKLAND PARK, FL 33334 James Committee TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of the pacetiver or truttee 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 an address, with an other like impowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED