2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000057765

1. Entity Name
RISING RHYTHM, INC.

Principal Place of Business	Mailing Address
65 NE 109 ST MIAMI SHORES, FL 33161	65 NE 109 ST MIAMI SHORES, FL 33161 US

01292005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0848793	Not Applicable

5. Certificate of Status Desired   X   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONDY, DARREN W
65 NE 109 STREET
MIAMI SHORES, FL 33161

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

U00000207140
02/01/05-80034-014 158.75

TITLE	DP
NAME	BONDY, DARREN W
STREET ADDRESS	65 NE 109 STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33161

TITLE	
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CITY-ST-ZIP	

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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)(i), 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 an address, with all other like empowered.

SIGNATURE: _____   Darren W. Bondy   1/28/05   305 751288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #