2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 247722

Entity Name: RIVER RETREATS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3RD ST., W. - AVENUE D. NORTH HARBOŔ BREEZE CARRABELLE, FL 32322 **Current Mailing Address: New Mailing Address:** PO BOX 612 3RD ST. W-AVE D NORTH CARRABELLE, FL 32322 US FEI Number: 59-1470733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARDY, RALPH E 3RD ST. WEST & AVENUE D NORTH CARRABELLE, FL 32322 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HARDY, RALPH Name: Name: 3RD ST WEST & AVE D NORTH, P O BOX 645 N/A Address: Address: City-St-Zip: CARRABELLE, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: HARDY, BRIAN S Name: 3RD ST WEST & AVE D NORTH, P O BOX 645 N/A Address: Address: City-St-Zip: CARRABELLE, FL City-St-Zip: Title: Title: () Delete () Change () Addition HARDY, CATHERINE Name: Name: 3RD ST W AVE D NORTH, P O BOX 645 Address: Address: City-St-Zip: CARRABELLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition HARDY, TAMMI L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: BRIAN HARDY V 04/30/2009

3RD ST. WEST AND AVE. D N., PO BOX 645

CARRABELLE, FL

Address:

City-St-Zip: