2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454035

Entity Name: THE RIALTO CORPORATION

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2139 CALUSA LAKES BLVD 4714 ACORN CIRCLE

NOKOMIS, FL 34275 US SARASOTA, FL 34233 US

Current Mailing Address: New Mailing Address:

2139 CALUSA LAKES BLVD 4714 ACORN CIRCLE

NOKOMIS, FL 34275 US SARASOTA, FL 34233 US

FEI Number: 59-1573143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAMES W PONDER JAMES W PONDER 2139 CALUSA LAKES BOULEVARD 4714 ACORN CIRCLE

NOKOMIS, FL 34275 US SARASOTA, FL 34233 US

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: HELEN TRACY HESSER POA 04/28/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTPS () Delete Title: D (X) Change () Addition

 Name:
 PONDER, JAMES W,
 Name:
 PONDER, JAMES W,

 Address:
 2139 CALUSA LAKES BLVD
 Address:
 4714 ACORN CIRCLE

 City-St-Zip:
 NOKOMIS, FL 34275
 City-St-Zip:
 SARASOTA, FL 34233

Title: () Delete Title: P () Change (X) Addition

 Name:
 Name:
 PONDER, JAMES W

 Address:
 Address:
 316 SUNRISE DRIVE

 City-St-Zip:
 City-St-Zip:
 NOKOMIS, FL 34275

Title: () Delete Title: V/T () Change (X) Addition

 Name:
 Name:
 HESSER, HELEN T

 Address:
 Address:
 4714 ACORN CIRCLE

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34233

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 PONDER, GREGORY W

 Address:
 Address:
 106 MAGNOLIA AVENUE

 City-St-Zip:
 City-St-Zip:
 NOKOMIS, FL 34275

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: HELEN T. HESSER V/T 04/28/2007