2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454035

Entity Name: THE RIALTO CORPORATION

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4714 ACORN CIRCLE SARASOTA, FL 34233 US

Current Mailing Address: New Mailing Address:

4714 ACORN CIRCLE SARASOTA, FL 34233 US

FEI Number: 59-1573143 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:

JAMES W PONDER TRACY PONDER HESSER
4714 ACORN CIRCLE
SARASOTA, FL 34233 US
TRACY PONDER HESSER
4714 ACORN CIRCLE
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: TRACY PONDER HESSER 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PONDER, JAMES W, HESSER, TRACY PONDER, Name: Name: 4714 ACORN CIRCLE 4714 ACORN CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233

Title: P (X) Delete Title: () Change () Addition Name: PONDER, JAMES W Name:

Address: 316 SUNRISE DRIVE Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip:

Title: V/T () Delete Title: P/T (X) Change () Addition Name: HESSER, HELEN T Name: HESSER, HELEN T

 Name:
 HESSER, HELEN I
 Name:
 HESSER, HELEN I

 Address:
 4714 ACORN CIRCLE
 Address:
 4714 ACORN CIRCLE

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

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

 Name:
 PONDER, GREGORY W
 Name:
 PONDER, JAMES W IV

 Address:
 106 MAGNOLIA AVENUE
 Address:
 4714 ACORN CIRCLE

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

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: TRACY PONDER HESSER P 05/01/2008