

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90027 023 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                  |                                                                                  |                                                                                                                                                                         |                                                                                                                                                                                        |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>DOCUMENT # 830319</b><br>1. Entity Name<br><b>RIGGING INTERNATIONAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                  |                                                                                                                                                                         |                                                                                                       |                                                |
| Principal Place of Business<br><b>1210 MARINA VILLAGE PARKWAY<br/>ALAMEDA, CA 94501</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                  |                                                                                  | Mailing Address<br><b>P.O. BOX 1285<br/>ALAMEDA, CA 94501 US</b>                                                                                                        |                                                                                                                                                                                        |                                                |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                  | 3. Mailing Address                                                               |                                                                                                                                                                         |                                                                                                                                                                                        |                                                |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                  | Suite, Apt. #, etc.                                                              |                                                                                                                                                                         |                                                                                                                                                                                        |                                                |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  | City & State                                                                     |                                                                                                                                                                         |                                                                                                                                                                                        |                                                |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                          | Zip                                                                              | Country                                                                                                                                                                 | 4. FEI Number<br><b>94-1691525</b>                                                                                                                                                     |                                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |                                                                                  |                                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                  |                                                |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                                                                                                                        |                                                |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                  |                                                                                                                                                                         |                                                                                                                                                                                        |                                                |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                     |                                                |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                                                                                                                                        |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>PERINI, ALBERT J.</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Delete           |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <b>PDCS</b><br><b>ROLLANDI, VICTOR</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>SETTLE, PATRICK</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Delete             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <b>D</b><br><b>EASTON, III, JAKE</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>GLENNON, PATRICK T</b><br><b>1210 MARINA VILLAGE PKWY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Delete             |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <b>V</b><br><b>LAVERING, JOEL M.</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CDT</b><br><b>MARTIN, GERALD</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <b>CDT</b><br><b>HOBSON, KENNETH M.</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PDCE</b><br><b>DODDS, NEIL</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Delete              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <b>D</b><br><b>LLOYD, MOSTYN</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>GLENNON, THOMAS F.</b><br><b>1210 MARINA VILLAGE PARKWAY</b><br><b>ALAMEDA, CA 94501</b> <input type="checkbox"/> Delete          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |                                                |
| 12. I hereby certify that the information supplied with this filing 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 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. |                                                                                                                                                  |                                                                                  |                                                                                                                                                                         |                                                                                                                                                                                        |                                                |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |                                                                                  | 1/17/08<br><small>Date</small>                                                                                                                                          |                                                                                                                                                                                        | 510-865-2400<br><small>Daytime Phone #</small> |