


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # F02000002438 1. Entity Name RIVERPORT DISTRIBUTION, INC.	
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Principal Place of Business 400 RT 1-BYPASS PORTSMOUTH, NH 03801	Mailing Address PO BOX 483 PORTSMOUTH, NH 03802-0483
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0489008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, ROBERT W
3833 PARKSIDE DRIVE
VALRICO, FL 33594

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	LYONS, ROBERT W
STREET ADDRESS	3833 PARKSIDE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/07-80063-016 150.00

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IN THIS SPACE**

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 or other like empowered.

SIGNATURE:  Robert W. Lyons 03/09/2007 954-205-0911

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