2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004020

FILED Apr 12, 2007 Secretary of State

| Entity Nan | ne: RIVER O | OLLECTION & RECOVERY SE | ERVICE, INC. | | | | |
|---|---|----------------------------------|---|--|-------------------|-----------------|----------------|
| Current Pr | incipal Place | New Princ | New Principal Place of Business: | | | | |
| UNIT B | NS ST. NW R, MN 55330 | | | | | | |
| Current Ma | ailing Addres | s: | New Maili | New Mailing Address: | | | |
| UNIT B | NS ST. NW R, MN 55330 | | | | | | |
| FEI Number: | 73-1665374 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certific | ate of Status [| Desired () |
| Name and | Address of C | Name and | Name and Address of New Registered Agent: | | | | |
| 2731 EXEC SUITE 4 | VICES, INC. CUTIVE PARK FL 33331 US | | | | | | |
| The above in the State | | submits this statement for the p | urpose of changing i | ts registered | office or | registered a | gent, or both, |
| SIGNATUR | RE: | | | | | | |
| | Electror | ic Signature of Registered Age | ent | | | Date | |
| Election Carr | npaign Financing | g Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | LARSON, MICH | STREET, STE. 111 | Title: Name: Address: City-St-Zip: | LARSON, MIC 19449 EVANS | HAEL E STREET, | () Addition | |
| | | | | | | | |

Title:

(X) Change () Addition () Delete BROCKMAN, TERRY Name: BROCKMAN, TERRY Name: Address: 19230 EVANS STREET, STE. 111 Address: 19449 EVANS STREET, STE B ELK RIVER, MN 55330 City-St-Zip: ELK RIVER, MN 55330 City-St-Zip:

Title: () Delete (X) Change () Addition LARSON, DANIELLE M Name: LARSON, DANIELLE M

Name: 19449 EVANS STREET, STE B Address: 19230 EVANS STREET, STE. 111 Address: City-St-Zip: ELK RIVER, MN 55330 City-St-Zip: ELK RIVER, MN 55330

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIELLE M. LARSON Τ 04/12/2007