2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #F05000002290** 03-04-2008 90016 032 ***150.00 RIVERBEND ACQUISITION CORPORATION Principal Place of Business Mailing Address 49 ROYAL PALM POINTE #204 49 ROYAL PALM POINTE #204 VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 20-4167061 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent HENRY D. CLARKE, NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331 ROYAL PALM POINTE City JERO BEACH 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. PRES <u>IDEAT</u> SIGNATURE. signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CT ☐ Change ☐ Addition TITLE ☐ Delete TITLE CLARKE, DAVID D NAME NAME 49 ROYAL PALM POINTE #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-7IP Delete TITLE TA Change ☐ Addition DD F CLARKE, HENRY D CLARKE, HENRY D NAME ROYAL PALM ERO BEACH, POINTE # ZOY 49 ROYAL PALM POINTE #204 STREET ADORESS STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP ASSISTANT SECRETARY DS TITLE ☐ Detete CLARKE, DONNA L 49 ROYAL PALM VERO BEACH, CLARKE, DONNA L NAME NAME POINTE # 204 -STREET ADDRESS 49 ROYAL PALM POINTE #204 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH, FL 32960 D EHRMANN, RALPH RM 49 ROYAL PALM POINTE VERO BEACH, FL 32 ☐ Change **公** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🔀 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 engowered. HENRY D. CLARKE, IR 2/26/08

FILED

Mar 04, 2008 8:00 am