2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001636

Entity Name: RIVER CITY MORTGAGE CORPORATION

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1895 PLAZ STE 250 EAGAN, MI		US		1895 PLAZ SUITE 250 EAGAN, MI		US	
Current Wa	ailing Addr	ess:		New Mailir	ig Address	S:	
1895 PLAZ STE 250 EAGAN, MI		US		1895 PLAZA SUITE 250 EAGAN, MI		US	
FEI Number:	41-1772594	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of	f Current Registered Agent:		Name and	Address o	of New Registered Agent:	
COLE, LINI 4030 VANC COCOA, FI	COUVER AV	/E US		COLE, LINE 4030 VANC COCOA, FL	OUVER A	VENUE US	
The above in the State		ry submits this statement for the pu	rpose o	f changing it	s registered	d office or registered agent, or bo	oth,
SIGNATUR	RE: LINDA	COLE				04/27/2005	
	Electr	onic Signature of Registered Agen	t			Date	_
Election Cam	npaign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PT OLSEN, LOU 4470 LYNX (EAGAN, MN	COURT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FRECHETTE 19071 HIGH			Title: Name: Address: City-St-Zip:		(X) Change () Addition E, GARY R IVIEW COURT E, MN 55372 US	
Title: Name: Address: City-St-Zip:	PETERSON, 9701 UPTON			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR COLE, LINDA 4030 VANCO COCOA, FL	DUVER AVE.		Title: Name: Address: City-St-Zip:	COLE, LIND	OUVER AVENUE	
Title: Name: Address: City-St-Zip:	MGR SCHULTZ, M 20181 ANN F MORA, MN 5	RIVER DR.		Title: Name: Address: City-St-Zip:	MGR SCHULTZ, N 20181 ANN MORA, MN	RIVER DRIVE	
Title: Name: Address: City-St-Zip:	MILLER, SCO 10100 94TH			Title: Name: Address: City-St-Zip:		(X) Change () Addition COTT A I AVENUE NORTH DVE, MN 55369 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS B. OLSEN PT 04/27/2005