


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90061 017 \*\*\*150.00

<b>DOCUMENT # F99000006706</b>	
<b>1. Entity Name</b> <b>RIDER HUNT LEVETT &amp; BAILEY LTD., INC.</b>	

<b>Principal Place of Business</b> <b>8283 NORTH HAYDEN ROAD, SUITE 258</b> <b>SCOTTSDALE, AZ 85258</b>	<b>Mailing Address</b> <b>8283 NORTH HAYDEN ROAD, SUITE 258</b> <b>SCOTTSDALE, AZ 85258</b>
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<b>2. Principal Place of Business - No P.O. Box #</b> <b>4343 E. CAMELBACK RD</b> <b>Suite, Apt. #, etc.</b> <b>SUITE 350</b> <b>City &amp; State</b> <b>PHOENIX, AZ</b> <b>Zip</b> <b>85018</b>	<b>3. Mailing Address</b> <b>4343 E. CAMELBACK RD.</b> <b>Suite, Apt. #, etc.</b> <b>SUITE 350</b> <b>City &amp; State</b> <b>PHOENIX, AZ</b> <b>Zip</b> <b>85018</b>
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03232007 Chg-P CRZE034 (12/06)

<b>4. FEI Number</b> <b>99-0292243</b>	<b>Applied For</b> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> <b>MORRIS, PHILLIP B</b> <b>12200 WEST COLONIAL DRIVE</b> <b>SUITE 102</b> <b>WINTER GARDEN, FL 34787</b>	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <b>FL</b> <b>Zip Code</b>
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**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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (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.** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSD</b> <b>ANDERSON, JULIAN A J</b> <b>8283 NORTH HAYDEN ROAD, SUITE 258</b> <b>SCOTTSDALE, AZ 85258</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>SMITH, DAVID A</b> <b>1001 BISHOP STREE, SUITE 1340</b> <b>HONOLULU, HI 96813</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SEC</b> <b>KNOWLES, PETER</b> <b>410 17TH ST #1100</b> <b>DENVER, CO 80202</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BRUSSOW, PAUL N</b> <b>1001 BISHOP STREE, SUITE 1340</b> <b>HONOLULU, HI 96813</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>GRAY, JOHN F</b> <b>2675 S JONES BLVD #203</b> <b>LAS VEGAS, NV 89146</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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.**

**SIGNATURE:** \_\_\_\_\_

(Signature, typed or printed name of signing officer or director)

**23 Mar 2007 602 443 4848**  
Date Daytime Phone #