2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 08:00 AN Secretary of State

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1. Entity Name

RIVERFRONT FUNDRAISING CREATIONS, INC.



Principal Place of Business 4889 N FEDERAL HIGHWAY

4889 N FEDERAL HIGHWAY P.O. BOX K1148 VERO BEACH, FL 32961-8148 US Mailing Address

4889 N. FEDERAL HWY P.O. BOX K1148

VERO BEACH, FL 32961-8148



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

01042007 No Chg-P CR2E034 (11/05)

Fee Require

MARINE, CHRISTOPHER H. 979 BEACHLAND BLVD VERO BEACH, FL 32963

CITY - ST - ZIP

DO NOT WRITE 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.	

...

(NOTE Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHEY, DANIEL R. 4889 N US #1 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNIGHT, D. VICTOR JR. 4889 N US #1 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY -ST-ZIP	D KNIGHT, D. VICTOR, SR. 4889 N US #1 VERO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHEY, AUDREY K. 4889 N_US #1 VERO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

U00000601142 01/26/07-80038-009 150.00

DATE

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions confained 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 cath; 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: ALL TE RESIDENCE TYPED OR PRINTED NAME OFFICER OR DIRECTOR 1/12/07 (772) 562-4155