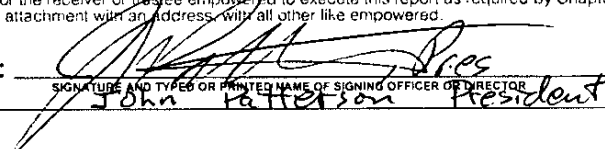


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90060 033 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                                                                        |                                                                                                                 |                                                                                                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # K08393</b><br>1. Entry Name<br><b>RILINJA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                                                        |                                                                                                                 |                                                                                            |                                                                              |
| Principal Place of Business<br><b>% JOHN PATTERSON<br/>46 N. WASHINGTON BLVD, STE #1<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                                                                        | Mailing Address<br><b>% JOHN PATTERSON<br/>46 N. WASHINGTON BLVD, STE #1<br/>SARASOTA, FL 34236</b>             |                                                                                                                                                                             |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                                                 |                                                                                                                                                                             |                                                                              |
| City & State<br><br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | City & State<br><br>Zip                                                                                                |                                                                                                                 | 4. FEI Number<br><b>65-0019427</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                                |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | Country                                                                                                                |                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                             |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>LPS CORPORATE SERVICES, INC.<br/>46 N. WASHINGTON BLVD<br/>SUITE #1<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                                                                        |                                                                                                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                              |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and to which applicable</small> <small>(NOTE: Registered Agent's signature required when re-registering)</small> <small>DATE</small>                                                                                                                                                                                    |                                                                                               |                                                                                                                        |                                                                                                                 |                                                                                                                                                                             |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                 |                                                                                                                                                                             |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                    |                                                                                                                                                                             |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VT</b><br><b>BENNETT, RICHARD</b><br><b>2106 BISPHAM ROAD, #B</b><br><b>SARASOTA, FL</b>   | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                               | <b>DPST</b><br><b>Patterson, John</b><br><b>46 N Washington Blvd, #1, Sarasota FL 34236</b>                                                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DPS</b><br><b>PATTERSON, JOHN</b><br><b>46 N WASHINGTON BLVD #1</b><br><b>SARASOTA, FL</b> | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                               | <b>DV</b><br><b>Patterson, Leonore</b><br><b>46 N Washington Blvd, #1, Sarasota FL 34236</b>                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                               |                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                               |                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                               |                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                               |                                                                                                                                                                             | <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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><b>John Patterson President</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                                                                        | 4/14/08 <span style="float: right;">941-365-0550</span><br><small>Date</small> <small>Guiding Program #</small> |                                                                                                                                                                             |                                                                              |