2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# L06000117228

Entity Name: RIVER OF BLESSINGS, LLC

Current Principal Place of Business:

6507 N FIVE ACRE RD
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

6507 N FIVE ACRE RD
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAVES, MARSHA L
6507 N FIVE ACRE RD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRAVES, MARSHA L
Address: 6507 N FIVE ACRE RD
City-St-Zip: PLANT CITY, FL 33565

Title: MGR ( ) Delete
Name: GRAVES, MICHAEL D
Address: 6507 N FIVE ACRE RD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARSHA L GRAVES MGRM 02/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date