## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002540

Entity Name: RISING TIDE INTERNATIONAL, INC.

FILED May 23, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5102 SWIFT ROAD SARASOTA, FL 34231 LIS **Current Mailing Address: New Mailing Address:** 5102 SWIFT ROAD SARASOTA, FL 34231 FEI Number: 65-1092932 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANCH, ANDREA SAENGER, ROBIN 520 RALPH ST 36 ADA STREET SARASOTA, FL 34242 TARPON SPRINGS, FL 34689 US US 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: ROBIN SAENGER 05/23/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition BLANCH, ANDREA LESS, DAVID Name: Name: 520 RALPH ST Address: 5011 WINDWARD Address: SARASOTA, FL 34242 City-St-Zip: City-St-Zip: SARASOTA, FL 34242 Title: Title: 0 (X) Change ( ) Addition ( ) Delete LESS, DAVID Name: LESS, ANNA Name: Address: 5011 WINDWARD Address: 5011 WINDWARD City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 Title: () Delete Title: (X) Change ( ) Addition LESS, ANNA Name: DAWSON, JAMES Name: 5011 WINDWARD 4104 PINE MEADOW TERRACE Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34233 Title: ( ) Delete Title: (X) Change ( ) Addition Name: GORMAN, SARAH Name: DONELLY, NORBERT 4447 MACEACHEN BOULEVARD Address: Address: 201 TRIPLE DIAMOND BLVD. City-St-Zip: SARASOTA, FL 34233 City-St-Zip: NORTH VENICE, FL 34275 Title: () Delete Title: () Change () Addition CARL, MORRIS B Name: Name: 1600 WINDSOR Address: Address: City-St-Zip: AUSTIN, TX 78703 City-St-Zip: Title: () Delete Title: () Change () Addition SAENGER, ROBIN Name: Name: Address: 36 ADA STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBIN SAENGER O 05/23/2007

TARPON SPRINGS, FL 34689

City-St-Zip: