

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002540

FILED
Feb 28, 2008
Secretary of State

Entity Name: RISING TIDE INTERNATIONAL, INC.

Current Principal Place of Business:

5102 SWIFT ROAD
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

5102 SWIFT ROAD
SARASOTA, FL 34231

New Mailing Address:

5102 SWIFT ROAD
SARASOTA, FL 34231 US

FEI Number: 65-1092932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAENGER, ROBIN
36 ADA STREET
TARPON SPRINGS, FL 34689 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

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: LESS, DAVID
Address: 5011 WINDWARD
City-St-Zip: SARASOTA, FL 34242

Title: O () Delete
Name: LESS, ANNA
Address: 5011 WINDWARD
City-St-Zip: SARASOTA, FL 34242

Title: O () Delete
Name: DAWSON, JAMES
Address: 4104 PINE MEADOW TERRACE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: DONELLY, NORBERT
Address: 201 TRIPLE DIAMOND BLVD.
City-St-Zip: NORTH VENICE, FL 34275

Title: D () Delete
Name: CARL, MORRIS B
Address: 1600 WINDSOR
City-St-Zip: AUSTIN, TX 78703

Title: D () Delete
Name: SAENGER, ROBIN
Address: 36 ADA STREET
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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.

SIGNATURE: JAMES DAWSON

O

02/28/2008

Electronic Signature of Signing Officer or Director

Date