

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000363

FILED
Aug 17, 2009
Secretary of State

Entity Name: RIZE INC

Current Principal Place of Business:

2696 DEVONSHIRE COURT
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

2699 WILLOW GLEN CIRCLE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 26-0806201 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:

LEWIS, PAULA A
2872 OCONNELL DRIVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LEWIS, PAULA A
2699 WILLOW GLEN CIRCLE
KISSIMMEE, FL 34744 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: _____

08/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, PAULA
Address: 2928 CONNER LANE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: BRIGGINS, KAREN D
Address: 3213 WINDMILL POINT BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: LEWIS, LLOYD B
Address: 2696 DEVONSHIRE COURT
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEWIS, PAULA
Address: 2699 WILLOW GLEN CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

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: PAULA LEWIS

D

08/17/2009

Electronic Signature of Signing Officer or Director

Date