

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001892

Entity Name: USA RIVER RATS, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

22 LEGION LANE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

22 LEGION LANE
COCOA, FL 32922

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:

DUDLEY, ARTHUR
956 TOPE STREET
COCOA, FL 32927 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: P () Delete
Name: DUDLEY, ARTHUR
Address: 956 TOPE STREET
City-St-Zip: COCOA, FL 32927

Title: V () Delete
Name: DIAZ, ALBERT
Address: 3737 NORTH US #1
City-St-Zip: COCOA, FL 32926

Title: V () Delete
Name: JENSEN, ERIC
Address: 4430 W.
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: FANTACCIONE, ROSE
Address: 3737 NORTH US #1
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: NOONAN, EDWARD
Address: FLINT RD.
City-St-Zip: COCOA, FL 32927

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
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: NOONAN, EDWARD F
Address: FLINT RD.
City-St-Zip: COCOA, FL 32927

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: EDWARD F. NOONAN

T

04/21/2008

Electronic Signature of Signing Officer or Director

Date