2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N34311

Entity Name: RIVERSIDE RENAISSANCE, INC.

Current Principal Place of Business:

1609 SW 5TH CT
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1609 SW 5TH CT
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0175097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, J. CLIFTON
4875 N. FEDERAL HIGHWAY
SAVINGS OF AMERICA BLDG., 10TH FLOOR
FORT LAUDERDALE, FL 33308 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: PD ( ) Delete
Name: BOGARD, SHARON
Address: 1609 SW 5 COURT
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: HARPER, RICHARD
Address: 1728 SW 5 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: ANDREW, TOM,
Address: 717 S.W. 14TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: SD ( ) Delete
Name: KOBELIN, PATTI
Address: 717 SOUTH WEST 14 ST, APT 1
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: TD ( ) Delete
Name: RADFORD, IRENE
Address: 1729 SOUTH WEST 4 ST
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: SASS, ANDREA,
Address: 1418 S.W. 10TH ST.
City-St-Zip: FT. LAUDERDALE, FL

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: ( ) 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 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: SHARON L. BOGARD P/D 04/20/2007
Electronic Signature of Signing Officer or Director — Date