


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N47337	
1. Entity Name RIVERS OF LIVING WATER, INT. INC.	

Principal Place of Business 3430 CURRYVILLE ROAD CHULUOTA, FL 32766	Mailing Address P O BOX 6209 ALEXANDRIA, LA 71307 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 62-1366756	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HALE, DANIEL B.
 3430 CURRYVILLE ROAD
 CHULUOTA, FL 32766

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000729525
 01/16/08-80018-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, DANIEL B. 3430 CURRYVILLE RD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, DELIA C. 3430 CURRYVILLE RD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, DENNIS 3320 M.D. LOVE #202 DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, GINGER 3320 M.D. LOVE #202 DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, SCOTT 8701 ZIEGLER BLVD. MOBILE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOTT, GLORIETTA 8701 ZIEGLER BLVD. MOBILE, AL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Hale 1-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #