2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000901

Entity Name: RIDGE LIVE STEAMERS, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7750 N SCENIC HWY LAKE WALES, FL 33898

Current Mailing Address: New Mailing Address:

7750 N SCENIC HWY 416 LAKE DAISY DRIVE LAKE WALES, FL 33898 WINTER HAVEN, FL 33884

FEI Number: 59-3366323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DOBLER, RICHARD D PFISTER, THOMAS E 416 LAKE DAISY DRIVE 7750 N. SCENIC HIGHWAY LAKE WALES, FL 33898 WINTER HAVEN, FL 33884 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: THOMAS E. PFISTER 01/05/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition BOND, FOSTER Name: Name: 700 AVE C SE Address: Address: City-St-Zip: WINTER HAVEN, FL 338803253 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUNSFORD, HAROLD DUNSFORD, HAROLD Name: Name: Address: 173 GLEN ESTE BLVD Address: 154 ARGYLE GATE LOOP City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: DUNDEE, FL 33838 Title: () Delete Title: (X) Change () Addition DOBLER, RICHARD D Name: PFISTER, THOMAS E Name: 416 LAKE DAISY DRIVE Address: 7750 N SCENIC HWY Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: WINTER HAVEN, FL 22884 () Delete Title: Title: (X) Change () Addition Name: NEWCOMB, ALLEN P Name: NEWCOMB, ALLEN P 433 SEAWANG CIRCLE 433 SEAWANG CIRCLE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 Title: () Delete Title: (X) Change () Addition COLLINS, JOHN BISSETT, THOMAS Name: Name: 1205 BRIAR PARK WAY 1638 HOLY COW ROAD Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: POLK CITY, FL 33868

() Delete Title: () Change () Addition DELOACH, FRED Name: Name:

Address: 6534 OAKPOINT DR Address: LAKELAND, FL 33813 City-St-Zip: 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: THOMAS E. PFISTER O 01/05/2009