2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000004915

Entity Name: THE RIPPLE EFFECT, INC.

FILED Jan 03, 2003 Secretary of State

| New Principal Place of Business: |
|----------------------------------|
| |

4700 FORT KNOX CT 227 NORTH MAGNOLIA AVENUE

ORLANDO, FL 32822 SUITE 206

ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

4700 FORT KNOX CT 227 NORTH MAGNOLIA AVENUE

ORLANDO, FL 32822 SUITE 206 ORLANDO, FL 32801

FEI Number: 59-3417252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CARUSO, KELLY L 4700 FORT KNOX CT US ORLANDO, FL 32822

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CARUSO, KELLY L CARUSO, KELLY L Name: Name: 4700 FORT KNOX CT Address: 4700 FORT KNOX CT Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: () Delete Title: (X) Change () Addition CARUSO, FRANCIS T Name: CARUSO, FRANCIS T Name:

Address: 4700 FORT KNOX CT Address: 4700 FORT KNOX CT City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: () Delete Title: (X) Change () Addition HINEBAUGH, JENNY Name: SHIF, GARY Name:

140 E MORSE BLVD, APT 1 7150 WOODED VILLAGE LANE Address: Address:

City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32835

Title: () Delete Title: () Change () Addition Name: DECKER, BOB Name:

826 S. PRIMROSE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ALDERSON, DONNA NEWMAN, JOLIE Name: Name: 1395 GUINEVERE DRIVE 2477 TAHOE CIRCLE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: (X) Change () Addition

ALDERSON, MICHAEL KULL. III. J. NELSON Name: Name: Address: 1395 GUINEVERE DRIVE Address: 1812 DORIS DRIVE ORLANDO, FL 32807 CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KELLY L. CARUSO **PRES** 01/03/2003