
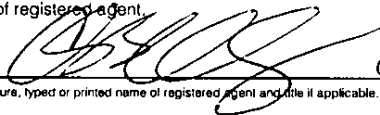
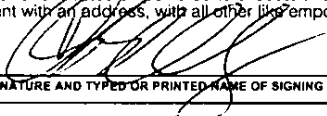


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90001 043 \*\*\*\*61.25

DOCUMENT # N99000000719					
1. Entity Name SPRINGS RIVER FESTIVAL, INC.					
Principal Place of Business 141 PALMETTO DR. MIAMI SPRINGS, FL 33166			Mailing Address P.O. BOX 661155 MIAMI SPRINGS, FL 33266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08152007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3559286	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANCIS HOLDEN PA 166 HIALEAH DRIVE HIALEAH, FL 33010			Name CONSTANCE L. BRANDENBURG, PA		
			Street Address (P.O. Box Number is Not Acceptable)		
			190 B WESTWARD DRIVE		
			City MIAMI SPRINGS FL		Zip Code 33166
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  CONSTANCE L. BRANDENBURG 8-14-07					
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDENBURG, CONSTANCE		NAME	Brandenburg, Constance	
STREET ADDRESS	261 WESTWARD DR		STREET ADDRESS	190 B Westward Dr	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSA, THERESA		NAME	MARR, BARBRA	
STREET ADDRESS	10 SOUTH MELROSE		STREET ADDRESS	311 PLOVER AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, MARJORIE		NAME	FREDERICK, DENISE	
STREET ADDRESS	141 PALMETTO DRIVE		STREET ADDRESS	3867 E 2nd Ave	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	Hialeah FL 33013	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, NIURKA		NAME		
STREET ADDRESS	3971 NW 65 AVE APT 1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DENNIS		NAME		
STREET ADDRESS	6391 NW 38 TERR		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURMAN, LYGIA		NAME		
STREET ADDRESS	152 PINECREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP		
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 lines empowered.					
SIGNATURE: 			8-14-07 (305) 887-8666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		