2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000007089

Entity Name: RIVERROCK ENTERPRISES, INC.

FILED Apr 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

582 BRANTLEY TERRACE WAY 8268 BAYWOOD VISTA DRIVE

UNIT 106 ORLANDO, FL 32810 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

582 BRANTLEY TERRACE WAY 8268 BAYWOOD VISTA DRIVE

UNIT 106 ORLANDO, FL 32810 ALTAMONTE SPRINGS, FL 32714

FEI Number: 52-2208930 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:

OWENS, ELLEN S DR.

582 BRANTLEY TERRACE WAY

LINIT 104

ORLANDO, FL. 32810

UNIT 104 ORLANDO, FL 32810 ALTAMONTE SPRINGS, FL 32714

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: DR. ELLEN S. OWENS 04/18/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 OWENS, ELLEN S DR
 Name:
 OWENS, ELLEN S DR

 Address:
 9497 SOUTHERN GARDENS CR
 Address:
 8555 BAYWOOD VISTA DRIVE

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 ORLANDO, FL 32810

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN S. OWENS DR. 04/18/2004