## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000048503

City-St-Zip: EAST MORICHES, NY 11940

Entity Name: RIVER ART WORKS INC.

FILED Feb 26, 2009 Secretary of State

| Entity Nai                                  | IIIE: KIVEKA                                     | RT WORKS INC.                    |   |  |  |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business:        |  |                                  | New Principal Place of Business:            |  |  |
|   | ECOSTAL CA<br>3, TN 38363                        | MPGROUND RD                      |   |  |  |
| Current Mailing Address:                    |  |                                  | New Mailing Address                         | New Mailing Address:                         |  |
| PO BOX 2<br>PARSONS                         | 77<br>6, TN 38363                                |                                  |   |  |  |
| FEI Number:                                 | : 20-0895423                                     | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of (                                     | Current Registered Agent:        | Name and Address of                         | New Registered Agent:                        |  |
| REIBER, J<br>26650 WE<br>LUTZ, FL           | SLEY CHAPE                                       | L BLVD                           |   |  |  |
|   | named entity<br>e of Florida.                    | submits this statement for the p | ourpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATU                                     | RE:  |                                  |   |  |  |
|   | Electro  | nic Signature of Registered Age  | ent   | Date   |  |
| Election Car                                | mpaign Financin                                  | g Trust Fund Contribution ( ).   |   |  |  |
| OFFICERS AND DIRECTORS:                     |  |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DP (<br>LODATO, JAM<br>PO BOX 277<br>PARSONS, TN |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                 | VP (<br>MARINO, KERI<br>45 PINE STRE             |                                  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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

SIGNATURE: JAMES LODATO DP 02/26/2009