2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# P01000003279

Entity Name: RISEN SON ENTERPRISES, INC.

Current Principal Place of Business:

437 CHARLES PICKNEY ST
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

437 CHARLES PICKNEY ST
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3696749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERICKSON, PAUL R
437 CHARLES PICKNEY ST
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete
Name: ERICKSON, PAUL R
Address: 437 CHARLES PICKNEY ST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: T ( ) Delete
Name: ERICKSON, PAUL R
Address: 437 CHARLES PICKNEY ST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D ( ) Delete
Name: ERICKSON, EDITH A
Address: 437 CHARLES PICKNEY ST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D ( ) Delete
Name: ERICKSON, CHRISTOPHER P
Address: 1685 SUSAN DRIVE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D ( ) Delete
Name: COLMAN, KRISTIN M
Address: 8517 WINDYPINE LANE
City-St-Zip: JACKSONVILLE,, FL 32244 US

Title: D ( ) Delete
Name: ERICKSON, PAUL R CEO
Address: 437 CHARLES PINCKNEY STREET
City-St-Zip: ORANGE PARK, FL 32073 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PAUL R. ERICKSON OWNE 05/05/2008

Electronic Signature of Signing Officer or Director — Date