


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 007 ***150.00

DOCUMENT # P01000020455	
1. Entity Name RIOT, INC.	

Principal Place of Business PO BOX 120848 CLERMONT, FL 34712-0848	Mailing Address PO BOX 120848 CLERMONT, FL 34712-0848
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2. Principal Place of Business - No P.O. Box # 301 N US Hwy 27	3. Mailing Address PO Box
Suite, Apt. #, etc. E	Suite, Apt. #, etc.

City & State Clermont, Florida	City & State Clermont F
Zip 34711	Country Lake
Zip 34712	Country Lake

01252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3705420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYETTE, WADE K 1635 E. HIGHWAY 50 SUITE 300 CLERMONT, FL 34711	
7. Name and Address of New Registered Agent Name Jayson A Stringfellow Street Address (P.O. Box Number is Not Acceptable) 1455 W Lakeshore Drive City Clermont FL Zip Code 34711	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGFELLOW, JAYSON PO BOX 120848 CLERMONT, FL 347120848 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Menstee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition #6625 Redwing Rd Groveland FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYETTE, WADE K PO BOX 120848 CLERMONT, FL 347120848 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #