


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90024 006 ***150.00

DOCUMENT # P03000014031

1. Entity Name
RISSA, INC.



Principal Place of Business
263 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984
263 S.E. Port St. Lucie Blvd

Mailing Address
263 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984
263 SE Port St. Lucie Blvd

DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3738857	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

MARTIN, SUSAN
2934 SE MINT COURT
PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, SUSAN 2934 SE MINT CT. PORT ST. LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Susan M. Martin* **7/10/06** **772-359-9520 ©**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **772-878-8228 (w)**
Daytime Phone #

ATTACHMENT 50022568

P03000014031

To Whom It May Concern:

Due to my address being incomplete I did not receive the original card to renew my cooperation. If you could please waive the late fee I would sure appreciate it.

My correct address is 263 (S.E.)
Port St Lucie Blvd.

Thank You,
Susan Martin