2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 22, 2005 08:00 AM **DOCUMENT # P03000045203 Secretary of State** 1. Entity Name RIVIÉRA KEY INC. Mailing Address Principal Place of Business 4031 U.S. HIGHWAY ONE 4031 U.S. HIGHWAY ONE PALM BAY, FL 32905 PALM BAY, FL 32905 04192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0596605 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENSON, WILLIAM H III DO NOT WRITE 4031 U.S. HIGHWAY ONE PALM BAY, FL 32905 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTS TITLE BENSON, WILLIAM H NAME 4031 US HWY ONE NE STREET ADDRESS U00000324899 04/22/05-80111-012 150.00 CITY-ST-ZIP PALM BAY, FL 32905 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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 to true 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 exercise with all other like empowered.

RE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRE