

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90147 019 \*\*\*150.00

<b>DOCUMENT # P03000055590</b> 1. Entity Name <b>RIVERSIDE HOUSING INC.</b>					
Principal Place of Business <b>1018 ANTILLES AVENUE FT PIERCE FL 34982</b>				Mailing Address <b>1018 ANTILLES AVENUE FT PIERCE FL 34982</b>	
<i>1018 Antilles Ave</i> 2. Principal Place of Business				<i>1018 antilles ave</i> 3. Mailing Address	
Suite, Apt. #, etc. <i>Fort Pierce FL</i>				Suite, Apt. #, etc. 	
City & State <i>Fort Pierce FL</i>				City & State <i>Fort Pierce FL</i>	
Zip <i>34982</i>		Country <i>St Lucie</i>		Zip <i>34982</i>	
Country <i>St Lucie</i>		Country <i>St Lucie</i>		4. FEI Number <b>65-1190018</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAWSON, KERRY 1018 ANTILLES AVENUE FT PIERCE FL 34982</b>				7. Name and Address of New Registered Agent Name <i>Kerry Lawson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1018 antilles ave</i> City <i>Fort Pierce FL</i>	
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.				Zip Code <b>FL 34982</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reactivating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b>	NAME <b>LAWSON, KERRY</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>1018 ANTILLES AVENUE</b>	CITY-ST-ZIP <b>FT PIERCE FL 34982</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 Section 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: <i>Kerry Lawson</i> <span style="float: right;">4/1/06</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					