2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P03000085848

Entity Name: RIVERS' MASONRY, INC.

Current Principal Place of Business:

107 HARRY MORRISON ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

59 PARKSIDE CIRCLE
CRAWFORDVILLE, FL 32327

Current Mailing Address:

107 HARRY MORRISON ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

59 PARKSIDE CIRCLE
CRAWFORDVILLE, FL 32327

FEI Number: 20-0141142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERS, CHRISTINA L
107 HARRY MORRISON ROAD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

RIVERS, CHRISTINA L
59 PARKSIDE CIRCLE
CRAWFORDVILLE, FL 32327 US

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: CHRISTINA L. RIVERS 04/21/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: RIVERS, JON
Address: 107 HARRY MORRISON ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VPTD ( ) Delete
Name: RIVERS, CHRISTINA L
Address: 107 HARRY MORRISON ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: RIVERS, JON
Address: 59 PARKSIDE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VPTD (X) Change ( ) Addition
Name: RIVERS, CHRISTINA L
Address: 59 PARKSIDE CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINA L. RIVERS VPTD 04/21/2006
Electronic Signature of Signing Officer or Director Date