2008 FOR PROFIT CORPORATION

May 02, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000024999 05-02-2008 90130 018 ***150.00 RIVERWOOD REAL ESTATE, INC. Principal Place of Business Mailing Address 40034303 3235 OSPREY LANE PORT CHARLOTTE, FL 33953 PORTICHARIOXIX X X X X X 46 X 3235 Osprey Lane Port Charlotte, FL 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4, FEI Number 20-0996566 Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IACONE, REGINA M Street Address (P.O. Box Number is Not Acceptable) 1777 TAMIAMI TRL #303 3235 Osprey Lane PORT CHARLOTTE, FL 33948 City Port Charlotte 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE n Delete TITLE IACONE, REGINA M NAME NAME STREET ADDRESS 3235 Osprey Lane STREET ADDRESS 1777 TAMIAMI TRL #303 Port Charlotte, F1 33953 PORT CHARLOTTE, FL 33948 CITY-ST-7IP CITY-ST-ZIP Delete TITLE □ Change X Addition TITI F NAME NAME Anita H Blatz 6097 Taneytown North Port, Fl 34286 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE NAME NAME

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP