


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90181 045 ***150.00

DOCUMENT # P04000069367				
1. Entity Name RIVLOW, INC.				
Principal Place of Business 26546 TRUJILLO DR PUNTA GORDA, FL 33983		Mailing Address % TEMPLE H DRUMMOND, ESQ 6325 JACUELINE ARBOR DR TEMPLE TERRACE, FL 33617		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H 6225 JACUELINE ARBOR DR TEMPLE TERRACE, FL 33617				7. Name and Address of New Registered Agent Name <u>Temple H. Drummond, Esq</u> Street Address (P.O. Box Number is Not Acceptable) <u>c/o Drummond Weble & Bass LLP</u> <u>328 West Bearss Avenue</u> City <u>Tampa</u> FL Zip Code <u>33613</u>
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: <u>Temple H. Drummond</u> <u>Temple H. Drummond</u> <u>3/28/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, JUAN I	NAME		
STREET ADDRESS	26546 TRUJILLO DR	STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, HELEN E	NAME		
STREET ADDRESS	26546 TRUJILLO DR	STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33983	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: <u>[Signature]</u>		Date: <u>3/28/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		

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03272007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1109451 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required