2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 08, 2005 8:00 am Secretary of State DOCUMENT # P04000084632 1. Entity Name . . . 02-08-2005 90014 006 ***150.00 BRANDON-RIVERPOINTE CORPORATION Principal Place of Business Mailing Address 2010 HARBORTOWN DRIVE 2010 HARBORTOWN DRIVE DUU11927 FORT PIERCE FL 34946 FORT PIERCE FL 34946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-118 Not Applicable 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 ----CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D51 🔀 Change ☐ Addition Delete TITLE TITLE HESSEE, CLAUDIA S. HESSEE, CLAUDIA J NAME NAME 2010 HARBORTOWN DRIVE 4650 SUNRISE BLVD. STREET ADDRESS STREET ADDRESS FORT PIERCE, A 34982 CITY-ST-7IP FORT PIERCE FL 34946 CITY-ST-ZIP DP TITLE ☐ Detete TITLE 🔀 Change ☐ Addition HESSEE, MARK 5. NAME HESSEE, MARK S NAME 6545 FLORIDANA AVE. 2010 HARBORTOWN DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE BEACH, FL 32951 CITY-ST-ZIP FORT PIERCE FL 34946 CITY-ST-ZIP TITLE - Delete -- 1111 F Change ·· - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 a 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. MARK S. HESSEE SIGNATURE: 🗘

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED