

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112255

FILED
Feb 07, 2007
Secretary of State

Entity Name: RIALTO CONTRACTING CORP.

Current Principal Place of Business:

12244 TREELINE AVE #3
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12244 TREELINE AVE #3
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-1440566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEN, MARK
18771 S RIVER ROAD
ALVA, FL 33920 US

Name and Address of New Registered Agent:

SIX STRANDS, INC.
12244 TREELINE AVE #3
FORT MYERS, FL 33913 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: CHARLES DARDAMAN

02/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIERCE, DARRIN L
Address: 2010 RIALTO WAY
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: HARDEN, MARK
Address: 18771 S RIVER RD
City-St-Zip: ALVA, FL 33920

Title: CFOD () Delete
Name: DARDAMAN, CHARLES
Address: 7700 KNIGHTWING CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: VD () Delete
Name: MORTENSON, TODD
Address: 6544 WILLOW LAKE CIR
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PIERCE, DARRIN L
Address: 12244 TREELINE AVE #3
City-St-Zip: FORT MYERS, FL 33913

Title: D (X) Change () Addition
Name: HARDEN, MARK
Address: 12244 TREELINE AVE #3
City-St-Zip: FORT MYERS, FL 33913

Title: CFOD (X) Change () Addition
Name: DARDAMAN, CHARLES
Address: 12244 TREELINE AVE #3
City-St-Zip: FORT MYERS, FL 33913

Title: P (X) Change () Addition
Name: MORTENSON, TODD
Address: 12244 TREELINE AVE #3
City-St-Zip: FT MYERS, FL 33913

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: CHARLES DARDAMAN

CFOD

02/07/2007

Electronic Signature of Signing Officer or Director

Date