

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129109

Entity Name: R.I.C.H. MANAGEMENT, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

160 SOFTWIND TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

160 SOFTWIND TRAIL
MAITLAND, FL 32751

New Mailing Address:

P O BOX 940924
MAITLAND, FL 327940924

FEI Number: 20-1612241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZELL, SABRINA
160 SOFTWIND TRAIL
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

MIZELL, SABRINA
P O BOX 940924
MAITLAND, FL 327940924 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:

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MIZELL, SABRINA
Address: 160 SOFTWIND TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MIZELL, GREGORY
Address: 160 SOFTWIND TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: WILLIAMS, LENRICO
Address: 301 S. ORLANDO AVE.
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: OGLETREE, CONTESSA
Address: 539 CARLTON POINTE DR.
City-St-Zip: PALMETTO, GA 30268

Title: D () Delete
Name: PLUMMER, BRENDA
Address: 5608 PARTRIDGE DR.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MIZELL, SABRINA
Address: P O BOX 940924
City-St-Zip: MAITLAND, FL 327940924

Title: D (X) Change () Addition
Name: MIZELL, GREGORY
Address: P O BOX 940924
City-St-Zip: MAITLAND, FL 327940924

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SABRINA MIZELL

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date