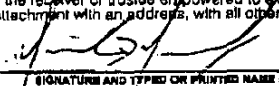


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90074 046 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000157395			
1. Entity Name NORTH RIVER FINANCIAL SERVICES, INC.			
Principal Place of Business 2750 STICKNEY POINT ROAD SUITE 107 SARASOTA, FL 34234		Mailing Address 2750 STICKNEY POINT ROAD SUITE 107 SARASOTA, FL 34234	
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
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04172008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANUKAS, NICHOLAS D JR 2750 STICKNEY POINT ROAD SUITE 107 SARASOTA, FL 34234		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MANUKAS, NICHOLAS D 2750 STICKNEY POINT ROAD SUITE 107 SARASOTA, FL 34234 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  Nicholas D. Manukas Jr		Date: 4-17-08 941-545-3808	

40074641

