2006 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Jan 12, 2006 8:00 am

Secretary of State

01-12-2006 90172 028 ***150.00 DOCUMENT # P05000062179 RIVERLAND MORTGAGE CORPORATION 4000141 Principal Place of Business Mailing Address 723 E. WADE STREET 723 E. WADE STREET TRENTON, FL 32693 TRENTON, FL 32693 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) 4. FEI Number 20-2744720 Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEEN, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 314 NE 3RD ST. TRENTON, FL 32693 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE TITLE Delete DEEN, WILLIAM E NAME STREET ADDRESS P.O. BOX 1384 STREET ADDRESS CITY-ST-ZIP TRENTON, FL 32693 CHTY+ST-ZIP Change ☐ Addition ☐ Delete TITLE WILKERSON, BRENDA NAME NAME 6219 SW 55TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRENTON, FL 32693 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR