## 2007 FOR PROFIT CORPORATION

## Apr 13, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P05000062179 1. Entity Name RIVERLAND MORTGAGE CORPORATION Principal Place of Business Mailing Address 723 E. WADE STREET 723 E. WADE STREET TRENTON, FL 32693 TRENTON, FL 32693 US 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2744726 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEEN, WILLIAM E 314 NÉ 3RD ST. IN THIS SPACE TRENTON, FL 32693 The majerial 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME DEEN, WILLIAM E P.O. BOX 1384 STREET ADDRESS CITY-ST-ZIP TRENTON, FL 32693 NAME WILKERSON, BRENDA STREET ADDRESS 6219 SW 55TH STREET TRENTON, FL 32693 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: \ PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED