

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000111346

**FILED**  
**Aug 25, 2010**  
**Secretary of State**

**Entity Name:** CB RISING, INC.

**Current Principal Place of Business:**

4019 SW PORT ST. LUCIE BLVD  
UNIT 1  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

4019 SW PORT ST. LUCIE BLVD  
UNIT 1  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 04-3822805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CISCHKE, SUSAN M  
2000 S. HWY A1A, STE. #602  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: COO  
Name: CISCHKE, CHRISTOPHER R MR.  
Address: 5019 SW HAMMOCK CREEK DRIVE  
City-St-Zip: PALM CITY, FL 34990 US

Title: CFO  
Name: SHARKEY, WILLIAM C MR.  
Address: 5729 LONGSPUR LANE  
City-St-Zip: PALM CITY, FL 34990 US

Title: CEO  
Name: CISCHKE, SUSAN M  
Address: 2000 S. HWY A1A, STE. #602  
City-St-Zip: JUPITER, FL 33477 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SHARKEY

CFO

08/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date