2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111346

Entity Name: CB RISING, INC.

FILED Mar 16, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4019 SW PORT ST. LUCIE BLVD UNIT 1

PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

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

FEI Number: 04-3822805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CISCHKE, SUSAN M
2000 S. HWY A1A, STE. #602

JUPITER, FL 33477 US

CISCHKE, SUSAN M
4019 SW PORT ST LUCIE BLVD
UNIT 1
PORT ST LUCIE, FL 34953 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: SUSAN M CISCHKE

SUSAN M CISCHKE 03/16/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: COO

Name: CISCHKE, CHRISTOPHER R

Address: 4019 SW PORT ST LUCIE BLVD UNIT 1

City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: CFO

Name: SHARKEY, WILLIAM C III

Address: 4019 SW PORT ST LUCIE BLVD UNIT 1

City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: CEO

Name: CISCHKE, SUSAN M

Address: 4019 SW PORT ST LUCIE BLVD UNIT 1 City-St-Zip: PORT ST LUCIE, FL 34953 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 03/16/2011