2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

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Entity Name: RIVER PHOENIX DEVELOPMENT CORP.

Current Principal Place of Business:

CORTRUST RE. PFUGSTRASSE 10
VADUZ, LI FL-9490 LI

New Principal Place of Business:

Current Mailing Address:

CORTRUST RE. PFUGSTRASSE 10
VADUZ, LI FL-9490 LI

New Mailing Address:

FEI Number: 41-2222721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGAL ASSETS, INC.
1401 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 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: PD ( ) Delete
Name: JENNY, CHRISTIAN MAG
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: VPD ( ) Delete
Name: LINS, ALEXANDER DR
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: DT ( ) Delete
Name: KELLER, JURG LIC
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: DT ( ) Delete
Name: KAUFMANN, CHRISTIAN MAG
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: DS ( ) Delete
Name: EGGENBERGER, DORIS
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BECK, NORMA
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: DS (X) Change ( ) Addition
Name: HEFTI, SIBYLLE
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: D (X) Change ( ) Addition
Name: GRAUS, NICOLE
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: D (X) Change ( ) Addition
Name: BREITENFELDER, ELKE
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

Title: D (X) Change ( ) Addition
Name: BITSCHNAU, MICHAELA
Address: P.O. BOX 1136
City-St-Zip: VADUZ, LI FL-9490 LI

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMA BECK DS 02/12/2008

Electronic Signature of Signing Officer or Director Date