

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036282

FILED  
Feb 12, 2009  
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAG. CHRISTIAN KAUFMANN

DP

02/12/2009

Electronic Signature of Signing Officer or Director

Date