## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000047642

Entity Name: RIVERVIEW ASSET MANAGEMENT SERVICE, INC.

FILED Mar 05, 2009 Secretary of State

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

3650 DIXIE HWY NE 5390 S U.S. HWY 1 PALM BAY, FL 32905 GRANT, FL 32949

Current Mailing Address: New Mailing Address:

3650 DIXIE HWY NE P.O. BOX 61210 PALM BAY, FL 32905 PALM BAY, FL 32906

FEI Number: 41-2200657 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:

MARTIGNONI, MICHAEL SCOTT, WILLIAM R
3650 DIXIE HWY NE 5390 S U.S. HWY 1
PALM BAY, FL 32905 US GRANT, FL 32949 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: WILLIAM R SCOTT 03/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 MARTIGNONI, MICHAEL
 Name:
 SCOTT, WILLIAM R

 Address:
 3650 DIXIE HWY NE
 Address:
 P.O. BOX 282

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:
 GRANT, FL 32949

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MARTIGNONI, CHARLES Name: CONNELLY, PAMELA A

Name:MARTIGNONI, CHARLESName:CONNELLY, PAMELAddress:3650 DIXIE HWY NEAddress:P.O. BOX 54City-St-Zip:PALM BAY, FL 32905City-St-Zip:GRANT, FL 32949

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: WILLIAM R SCOTT MR 03/05/2009