2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000132466

Entity Name: RIDEA CORPORATION OF FLORIDA

Current Principal Place of Business:

240 WEST END DRIVE
#322
PUNTA GORDA, FL 33950

New Principal Place of Business:

13435 SOUTH MCCALL RD
#5
PORT CHARLOTTE, FL 33980

Current Mailing Address:

240 WEST END DRIVE
#322
PUNTA GORDA, FL 33950

New Mailing Address:

13435 SOUTH MCCALL RD
#5
PORT CHARLOTTE, FL 33980

FEI Number: 26-1568348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, WILLIAM W
240 WEST END DRIVE
#322
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

POWERS, WILLIAM W
5315 MELBOURNE ST
#3203
PORT CHARLOTTE, FL 33980 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POWERS, WILLIAM W
Address: 240 WEST END DRIVE, #322
City-St-Zip: PUNTA GORDA, FL 33950

Title: T ( ) Delete
Name: POWERS, JENNIFER M
Address: 240 WEST END DRIVE, #322
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POWERS, WILLIAM W
Address: 5315 MELBOURNE ST #3203
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T (X) Change ( ) Addition
Name: POWERS, JENNIFER M
Address: 5315 MELBOURNE ST #3203
City-St-Zip: PORT CHARLOTTE, FL 33980

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 W. POWERS PRES 04/30/2009
Electronic Signature of Signing Officer or Director — Date