


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000015982	
1. Entity Name RIISE GROUP I, INC.	

Principal Place of Business 5918 BAHAMA SHORES DR S SAINT PETERSBURG, FL 33705 US	Mailing Address PO BOX 19707 STE 109 CHARLOTTE, NC 28219 US
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3274173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENTON, PJ 5918 BAHAMA SHORES DRIVE SOUTH SAINT PETERSBURG, FL 33705

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

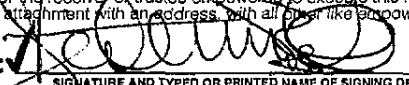
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BENTON, DEITRA M 4700 YORKMONT RD SUITE 109 CHARLOTTE, NC 28208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONROE, ROBERT 1206 PARRILLA DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENTON, PJ 5918 BAHAMA SHORES DR SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/05-80061-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all power like empowered.

SIGNATURE:  **Deitra M Benton** 4/28/05 704-426-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #