2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Jan 18, 2008 8:00 am **Secretary of State DOCUMENT # P94000064170** 01-18-2008 90005 040 ***158.75 1. Entity Name RIDERS G. P., INC. Principal Place of Business Mailing Address 40000000 170 SUNPORT LANE 170 SUNPORT LANE SUITE 900 SUITE 900 ORLANDO, FL 32809- US URLANDO, FL 32809 US 2. Principal Place of Business - No P.O. Box # Dversus Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 CR2E034 (12/06) Chg-P 1240 1240 City & State v & State • 4. FEI Number Applied For IRM 43-1690428 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, DAVID Street Address (P.O. Box Number's Not Acceptable) 170 SUNPORT LANE SUITE 990 ORLANDO; FL 32809 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Address Change My 25 SE 2ND Nye. Smite DP TITLE ☐ Delete TITLE Change Addition NAME GRAY, DAVID STREET ADDRESS 170 SUNPORT LANE SUITE 900 STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIP CITY-ST-7IP Dimi TITLE Delete TITLE ☐ Change ☐ Addition DUPONT, JR. S. NAME NAME STREET ADDRESS 140 WATERWAY LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receives 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 an address, with an address, with an address.

IG OFFICER OR DIRECTOR

FILED

305329-2493