2005 FOR PROFIT CORPORATION

Apr 11, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P96000002154** 04-11-2005 90169 029 ***150.00 1. Entity Name RIVIÉRA NATURIST RESORT, INC. Principal Place of Business Mailing Address 50035422 5000 GUERNSEY ROAD 5000 GUERNSEY ROAD PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business 3. Mailing Address 2375 Horn Road 2375 Horn Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Milton, FL Milton. 63-1162132 Not Applicable ر 32570 Country Др 32570 \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William V. Linne MALLET, MELVIN J Street Address (P.O. Box Number is Not Acceptable) 5000 GUERNSEY ROAD PACE, FL 32571 Suite 100, 127 Palafox Place City Pensacola 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. (William V. Linne) April 7, 2005 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Delete TITLE XX Change ☐ Addition NAME MOORMAN, JOHN T Moorman, John T. NAME STREET ADDRESS 6651 TURIKNA ROAD STREET ADDRESS 6651 Turina Road CITY-ST-ZIP LAS VEGAS, NV 89102 CITY-ST-77P Las Vegas, NV 89102 VPD XX Delete TITLE TITLE ☐ Change ☐ Addition NAME MALLET, MELVIN J NAME 5000 GUERNSEY ROAD STREET ADDRESS STREET ADDRESS PACE, FL 32571 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IΠF □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2005

(850) 675-6949

Daytime Phone #

FILED