2005 FOR PROFIT CORPORATION ANNUAL REPORT

... Mar 28, 2005 08:00 AM DOCUMENT # P96000008752 **Secretary of State** 1. Entity Name RIVERBELL, INC. Mailing Address Principal Place of Business P.O. BOX 1178 P.O. BOX 1178 FORT PIERCE, FL 34954 FORT PIERCE, FL 34954 03222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0636373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WUCHTE, RONALD DO NOT WRITE 1155 JENKIN RD. FT. PIERCE, FL 34981 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WUCHTE, RONALD NAME 10751 ORANGE AVE. STREET ADDRESS FT. PIERCE, FL CITY-ST-ZIP TITLE 03/28/05-80043-010 150.00 WUCHTE, JOHN NAME STREET ADDRESS 10751 ORANGE AVE FORT PIERCE, FL 34945 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-05

772:465-1153

Date

Daytime Phone #

FILED