

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023872

Entity Name: RIEN, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

1001 CASUARINA ROAD
SUITE #3
DELRAY BEACH, FL 334836795

New Principal Place of Business:

Current Mailing Address:

1001 CASUARINA ROAD
SUITE #3
DELRAY BEACH, FL 334836795 US

New Mailing Address:

1001 CASUARINA ROAD
SUITE #3
DELRAY BEACH, FL 334836795

FEI Number: 59-3453325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LONG, ROBERT M
1001 CASUARINA ROAD
SUITE #3
DELRAY BEACH, FL 334836795 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCM () Delete
Name: LONG, ROBERT M
Address: 1001 CASUARINA ROAD, SUITE #3
City-St-Zip: DELRAY BEACH, FL 334836795

Title: V () Delete
Name: MILLER, MELINDA L
Address: 4 YACHT CLUB LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: V (X) Delete
Name: CRAMER, DR. ROBERT E
Address: 1521 SAGINAW PLACE
City-St-Zip: RIVERSIDE, CA 92506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT M. LONG

PDCM

04/17/2008

Electronic Signature of Signing Officer or Director

Date