


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90364 001 \*\*\*450.00

<b>DOCUMENT # P97000068699</b>	
1. Entity Name <b>RIVER PLACE, INC.</b>	

Principal Place of Business <b>9494 LAKE VIEW DRIVE LOVELAND, OH 45140 US</b>	Mailing Address <b>9494 LAKE VIEW DRIVE LOVELAND, OH 45140 US</b>
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**66416635**

2. Principal Place of Business <b>432 NE Leaping Frog Way</b>	3. Mailing Address <b>432 NE Leaping Frog Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



**04262004 Chg-P CR2E034 (10/03)**

City & State <b>Port St. Luice, FL</b>	City & State <b>Port St. Luice, FL</b>
Zip <b>34983</b>	Country <b>US</b>

4. FEI Number <b>58-2333388</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>KLEIN, ROBERT N DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVENUE., STE. 1500 ORLANDO, FL 32803</b>	
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7. Name and Address of New Registered Agent	
Name <b>Klein &amp; Dobbins, P.L.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>805 Virginia Avenue</b>	
Suite <b>Suite 25</b>	
City <b>Fort Pierce</b>	FL Zip Code <b>34982</b>

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 *W. Lee Dobbins* **W. Lee Dobbins, Vice President** **4/27/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARDELLA, CAROL A 9494 LAKE VIEW DRIVE LOVELAND, OH 45140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BRISBEN, WILLIAM O 7800 E. KEMPER ROAD CINCINNATI, OH 45249 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cardella, Carol Ann 432 NE Leaping Frog Way Port St. Luice, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23 N. Beach Road Jupiter Island, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *W. Lee Dobbins* **W. Lee Dobbins** **4-28-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #