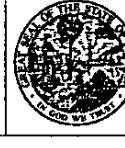
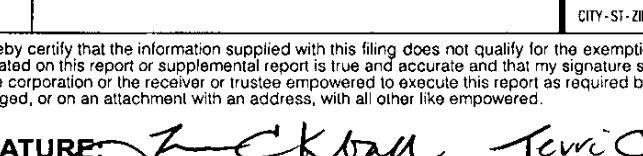


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2007 8:00 am
Secretary of State**

05-02-2007 90056 002 ***150.00

DOCUMENT # P98000042957			
1. Entity Name RIVERPLACE CAPITAL MANAGEMENT, INC.			
Principal Place of Business 1301 RIVERPLACE BLVD. #2130 JACKSONVILLE, FL 32207		Mailing Address 1301 RIVERPLACE BLVD. #2130 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BOWER, PETER 1301 RIVERPLACE BLVD JACKSONVILLE, FL 32207			
Name			
Street Address			
City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered obligations of registered agent.			
SIGNATURE _____		Signature, typed or printed name of registered agent and title if applicable	
		(NOTE: Registered Agent signature required)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE
NAME	BOWER, PETER E		NAME
STREET ADDRESS	1301 RIVERPLACE BLVD #2130		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP
TITLE	CFOV	<input checked="" type="checkbox"/> Delete	TITLE
NAME	THOMPSON, CHARLES M JR		NAME
STREET ADDRESS	1301 RIVERPLACE BLVD #2130		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> Delete	TITLE
NAME	BELTON, C. RONALD		NAME
STREET ADDRESS	1301 RIVERPLACE BLVD #2130		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
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 exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 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	