2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# P98000048791

Entity Name: RIVERLAND VACATIONS INCORPORATED

Current Principal Place of Business:

24102 PANTHER RD
ASTOR, FL 32102

New Principal Place of Business:

Current Mailing Address:

24102 PANTHER RD
ASTOR, FL 32102

New Mailing Address:

FEI Number: 59-3526479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIKE, SHEILA ANN
24102 PANTHER RD
ASTOR, FL 32102 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: D ( ) Delete
Name: PIKE, SHEILA ANN
Address: 24102 PANTHER RD
City-St-Zip: ASTOR, FL 32102

Title: D ( ) Delete
Name: PIKE, RAYMOND H
Address: 24102 PANTHER RD
City-St-Zip: ASTOR, FL 32102

Title: D ( ) Delete
Name: HUNTER, JULIE ANN
Address: 24102 PANTHER ROAD
City-St-Zip: ASTOR, FL 32102

Title: D ( ) Delete
Name: HOUK, MARILYN
Address: PO BOX 194
City-St-Zip: ASTOR, FL 32102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FOSKEY, CHRISTIE
Address: 24102 PANTHER ROAD
City-St-Zip: ASTOR, FL 32102

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHEILA ANN PIKE PRS 07/21/2005

Electronic Signature of Signing Officer or Director — Date