2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070209

Entity Name: RIVERSIDE INC.

Name:

Address:

Address:

City-St-Zip:

695 SAMANTHA DR

PALM HARBOR, FL 34683

FILED Apr 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1327 RANCH WOOD DR 18520 RUSTIC WOODS TRAIL DUNEDIN, FL 34698 ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 18520 RUSTIC WOODS TRAIL 1327 RANCH WOOD DR DUNEDIN, FL 34698 ODESSA, FL 33556 FEI Number: 59-3535098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PENA, MARK E 334 S HYDE PARK AVE TAMPA, FL 33606 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KHALIL, ABDO Name: Name: ABDO, KHALIL E 1327 RANCH WOOD DR 18520 RUSTIC WOODS TRAIL Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: ODESSA, FL 33556 US

Title: DV Title: DV () Delete (X) Change () Addition

GOULD, STEVEN E ABDO-QUILL, NADA Name: 1326 STONY BROOK LANE 12507 FOXTROT ROAD Address: DUNEDIN, FL 34698 ODESSA, FL 33556 US City-St-Zip: City-St-Zip:

Title: Title: D (X) Delete () Change () Addition ABDO, GHADA Name:

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: KHALIL ABDO PD 04/18/2009