## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 10, 2007 8:00 am Secretary of State

| ANNUAL REPORT  |   |   |                        |           | Secretary of State      |  |   |                               |
|--|---|---|------------------------|-----------|-------------------------|--|---|-------------------------------|
| DOCUMENT # P98000080398  |   |   |                        |           |                         | 05-10-20                                     | 07 90022 022 *  | **150.00                      |
| 1. Entity Name RIVERCREST CORPORATION  |   |   |                        |           |                         |  |   |                               |
| Principal Plac   | a of Business   | Mailing Address                                       | 1,                     | <u></u>   | AULL                    | , -  |   |                               |
| 988 BOULEYARD OF THE ARTS #1917<br>SARASOTA, FL 34236  |   | 988 BOULEVARD OF THE ARTS #1917<br>SARASOTA, FL 34236 |                        |           |                         |  |   |                               |
|  |   |   |                        |           |                         |  |   |                               |
| 1780   | tace of Business - No P.O. Box #                      | 3. Mailing Address 1780 SPRIA                         | G CAKEL                | Di        |                         | <u>                                     </u> | <b>23</b> /11 <b>011/6</b> 1 ( <b>6</b> 1/2 <b>01</b> /76 1/2/3 1 | HEN (ENLEN I) 1866)           |
| Suite, Apt.  | #, etc.   | Suife, Apt. #, etc.                                   |                        |           | 05052007                | Chg-P  | CR2E034 (12/  | 06)                           |
| City & Stat  | ASOTA PL  | City State<br>STAPA SOTA                              | PL                     |           | 4. FEI Number 65-0867   | 670  |   | Applied For<br>Not Applicable |
| 3423   | 39 Country S.A  | Zip<br>34239  | Country                |           | 5. Certificate of       | Status Desired                               | \$8.75<br>Fee Re  | Additional quired             |
|  | 6. Name and Address of Current                        | Registered Agent                                      | Name                   |           | 7. Name and A           | ddress of Nev                                | Registered Agent  |                               |
| WINER, JONATHAN  |   |   |                        |           |                         |  |   |                               |
| 988 BOULEVARD OF THE ARTS #1917<br>SARASOTA, FL 34236  |   |   |                        | ddress (f | P.O, Box Number         | is Not Accepta                               | ble)  |                               |
| SAINSOI  | A, FE 34230   |   |                        | 780       | SPRIN                   | BRE  | GK DR   |                               |
|  |   |   | City                   | SAN       | 2NSCOTTA                |  | FL Zip  | 2227.35                       |
| 8. The above named entity SuDmits 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   |   |   |                        |           |                         |  |   | with, and accept              |
| the obligations of registered agent.   |   |   |                        |           |                         |  |   |                               |
| SIGNATURE Signatury Apped to printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |                        |           |                         |  |   |                               |
| only manager systems in the control of the properties of the prope |   |   |                        |           |                         |  |   |                               |
|  | LE NOW!!! FÈE 18 \$550.00<br>ue by September 14, 2007 | 9. Election Campaign<br>Trust Fund Contrib            |                        |           | 00 May Be<br>ad to Fees |  |   |                               |
| 10.  | OFFICERS AND  | DIRECTORS .   | 11.                    |           | ADDITIONS/C             | HANGES TO O                                  | FFICERS AND DIREC   | TORS IN 11                    |
| TITLE + *  | PRES  | Deleta  | TITLE                  |           |                         |  | (L)-cris  | nge 🗌 Addition                |
| NAME<br>STREET ADDRESS   | WINER, JONATHAN).<br>  988 BLVD OF THE ARTS #1917     |   | NAME<br>Street address | /:        | 200 SPAI                | ماد مرد                                      | er DR   |                               |
| CITY-ST-ZIP  | SARASOTA, FL 34236                                    |   | CITY-ST-ZIP            | 8         | MARASU                  | タグ   | EK DR<br>3423C  | ı                             |
| TITLE  |   | ☐ Delete  | TITLE                  |           |                         |  | ☐ Cha   | nge 🗌 Addition                |
| NAME<br>Street address   |   |   | name<br>Street address |           |                         |  |   |                               |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP            |           |                         |  | 77.00   |                               |
| TITLE  |   | ☐ Delete  | IIILE                  |           |                         |  | ☐ Cha   | nge 🔲 Addition                |
| NAME<br>Street address   |   | !   | STREET ADDRESS         |           |                         |  |   |                               |
| CITY-ST-ZIP  |   |   | CITY+ST-ZIP            |           |                         |  |   |                               |
| TITLE<br>NAME  |   | Delete  | TITLE<br>NAME          |           |                         |  | ☐ Cha   | nge 🔲 Addition                |
| STREET ADDRESS   |   |   | STREET ADDRESS         |           |                         |  |   |                               |
| City-St-zip  |   |   | CITY-ST-ZIP            |           |                         |  |   |                               |
| TITLE<br>Name  |   | Delete  | TITLE<br>Name          |           |                         |  | Cha   | nge 🗌 Addition                |
| STREET ADDRESS   |   | •   | STREET ADDRESS         |           |                         |  |   |                               |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP            |           |                         |  |   |                               |
| TITLE<br>NAME  |   | ☐ Delete  | TITLE<br>NAME          |           |                         |  | ☐ Cha   | nge 🗍 Addition                |
| STREET ADDRESS   |   |   | STREET ADDRESS         |           |                         |  |   |                               |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP            |           |                         |  |   |                               |
| 45   | certify that the information supplied with            | this tiling does not qualify for I                    | ha avamatione c        | anteinad  | in Chanter 110          | Florida Statutor                             | a I further certify that  | the information               |

12. I hereby cartily that the information supplied with this filling does not quality for the exemptions contended in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier metally 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: \_

CHATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.04-07

941. 400.8532 Daytime Prome #