## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P99000000839 RIVER BRIX, INC. Principal Place of Business Mailing Address 4776 OLD DIXIE HIGHWAY P.O.BOX 716 VERO BEACH, FL 32967 VERO BEACH, FL 32961 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0885969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOFF, LUCILLE F DO NOT WRITE 4776 OLD DIXIE HIGHWAY VERO BEACH, FL 32967 IN THIS SPACE 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. Signalure, typed or printed name or repistered agent and hite if applicable. (NOTE: Repistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS THE SMITH, ELSON R III NAME STREET ADDRESS 1766 CORAL WAY SOUTH CITY-ST-ZIP VERO BEACH, FL 32963 U00000704222 04/23/07-80002-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHTY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 further certify that the information indicated on this report or supplemental report is the 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 trueted 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:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR