

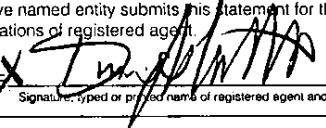
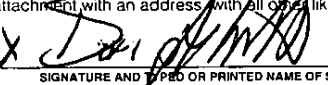


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90054 012 \*\*\*150.00

<b>DOCUMENT # P99000017099</b> 1. Entity Name <b>RIVER TECHNOLOGIES INC.</b>					
Principal Place of Business <b>1131 SE 9TH AVENUE FORT LAUDERDALE, FL 33316</b>				Mailing Address <b>1131 SE 9TH AVENUE FORT LAUDERDALE, FL 33316</b>	
2. Principal Place of Business <b>209 SE 21st Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>209 SE 21st Street</b> Suite, Apt. #, etc.			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>65-0896419</b>	
Zip <b>33316-3421</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEDBETTER, DWIGHT J 1131 SE 9TH AVENUE FORT LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name <b>Dwight J. Ledbetter</b> Street Address (P.O. Box Number is Not Acceptable) <b>209 SE 21st Street</b> City <b>Fort Lauderdale</b> <b>FL</b> <b>33316-3421</b>	
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. SIGNATURE:  <b>Dwight J. Ledbetter</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>3-28-05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LEDBETTER, DWIGHT JUSTIN 1131 SE 9TH AVENUE FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, D.J. 1131 SE 9TH AVENUE FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Dwight J Ledbetter 209 SE 21st Street Ft. Lauderdale, FL 33316-3421	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. J. Parker 209 SE 21st Street Ft. Lauderdale, FL 33316-3421	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Dwight J Ledbetter 209 SE 21st Street Ft. Lauderdale, FL 33316-3421	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. J. Parker 209 SE 21st Street Ft. Lauderdale, FL 33316-3421	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. J. Parker 209 SE 21st Street Ft. Lauderdale, FL 33316-3421	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <b>Dwight J Ledbetter</b> Date: <b>3-28-05</b> Daytime Phone #					