


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-19-2005 90380 010 ***150.00

DOCUMENT # P99000072590	
1. Entity Name 8 RIVERS PRODUCTION INC.	

Principal Place of Business 1440 CORAL RIDGE DR #107 CORAL SPRINGS, FL 33071	Mailing Address 1440 CORAL RIDGE DR #107 CORAL SPRINGS, FL 33071
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0931724	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DEAN, JAMES B 1440 CORAL RIDGE DR #107 CORAL SPRINGS, FL 33071	

**DO NOT WRITE
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.

SIGNATURE _____	DATE _____
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**FILE NOW!!! FEE IS \$150.00.
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DEAN, JAMES B 1440 CORAL RIDGE DR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV DEAN, MARGARET 1440 CORAL RIDGE DR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	.TD DEAN, SHELLIE 1440 CORAL RIDGE DR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD DEAN, NADIA 1440 CORAL RIDGE DR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>James B. Dean</u>	DATE _____	Daytime Phone # _____
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