2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P99000102538

Entity Name: SAINT RIVER INTERNATIONAL BUSINESS, INC.

Current Principal Place of Business:

62 INDIAN TRACE, STE. 100
WESTON, FL 33326

New Principal Place of Business:

62 INDIAN TRACE
STE 100
WESTON, FL 33326

Current Mailing Address:

16300 NE 19 AVE
SUITE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

FEI Number: 65-0964248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA'S ENTEPRISE, INC.
16300 N.E. 19 AVE.
STE C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SILVA'S ENTEPRISE, INC.
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 US

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: FERNANDO SILVA 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SILVA, LUZ C
Address: 16300 NE 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD ( ) Delete
Name: MONTANA, WILLIAM R
Address: 16300 NE 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SILVA, LUZ C
Address: 62 INDIAN TRACE STE 100
City-St-Zip: WESTON, FL 33326

Title: VD (X) Change ( ) Addition
Name: MONTANA, WILLIAM R
Address: 62 INDIAN TRACE STE 100
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: LUZ C SILVA PD 04/26/2006
Electronic Signature of Signing Officer or Director Date