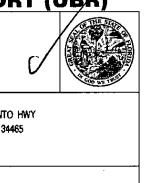
2003: FOR PROFIT CORPORATION/

UNIFORM BUSINESS REPORT (UBR) S02946

1. Entity Name

DOCUMENT #

SEVEN RIVERS REAL ESTATE, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90142 031 ***150.00

Mailing Address With Agric 1, 1945 2. Frincipal Pade of Studiness Sulfe, Apt. 4, etc. City 5, State City 5, State City 5, State City 5, State City 6, State 6, State City 6, Stat	•						COO WE	1						
Suria, Apt. #. cc. Suria, Apt. #. atc. Gheck Here in MAKING CHANGES Suria, Apt. #. cc. Suria, Apt. #. atc. Gheck Here in MAKING CHANGES A. FEI Number 59-3032157 Rappication Final Application Sa. 75 Acadismal Fee Required Fee Requi	4007 NORTH LECANTO HWY				4007 NORTH LECANTO HWY									
City & State Country Country Country S. Certificate of Status Desired September of State CORPORATION SERVICE COMPANY 1201_HANS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zin Code City FL Zin Code City FL Zin Code City FL Now, in the State of Reprise of September of State City FLE Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be S550.00 Make Check Payable to Floridg Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. AND CHARLES LINDBERGH BLVD, SUITE 500 SINER ADDRESS 0CHARLES LINDBERGH BLVD, SUITE 500 SINER ADDRESS 0CHARL	Principal Place of Business 3. Mailing Address												10) 110) 150)	
Country Zp Country S. Certificate of Status Dosined Se. 75. Additional Position Sec. 75. Additional Positional Position Sec. 75. Additional Positional Pos	Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201_HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code City FL Zip	City & State				City & State				4. FEI Number 59-3032157					
CORPORATION SERVICE COMPANY 1201,HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code 8, Time above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guilgalors of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guilgalors of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTIORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 **TITLE** **TITLE** **TITLE** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **Deline** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **TITLE** **MAKE **SIRES AUDRESS	Zip Country				Zip Coun				5. C	Certificate of Status Desired				
CORPORATION SERVICE COMPANY 1201,HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code 8, Time above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guilgalors of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guilgalors of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. I am hamiliar with and accept the guildance of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTIORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 **TITLE** **TITLE** **TITLE** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **Deline** **TITLE** **Deline** **TITLE** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **Deline** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **TITLE** **MAKE **SIRES AUDRESS **OTH-51-2P** **TITLE** **MAKE **SIRES AUDRESS		6. Name	and Address of Current	Registere	ed Agent				7. N	lame and Address of New F	Registered A	gent		
1201_HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code														
SUITE 105 TALLAHASSE FL 32301 City FL Zip Code 8, The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the goldback products agent. SIGNATURE Signature, typed or primed name of registered agent and tien if spokester. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After Added to Fees will be \$550.00 Added to Fees will be \$550.00 After Added to Fees will be \$550.00 Added to Fees will							Street Ad	ddress (P.	O. Bo	ox Number is Not Acceptable	∍)			
R. The abovier named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the copiligations of registered agent and the flapplecable. File NoW!! FEE_IS \$150.00														
SIGNATURE FILE NOW!!! FEE IS \$150.00 Nater May 1, 2003 Fee will be \$550.00 Nate	7 :							_				<u></u>		
FILE NOW!!! FEE JS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	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.													
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Floridg Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
TITLE DP ANAME STREET ADDRESS OF CHARLES LINDBERGH BLVD., SUITE 500 UNIONDALE NY 11553 CITY-ST-ZIP TITLE NAME PERRO, ROBERT A SOCITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	After	r May 1, 200	f State											
TITLE MAME STREET ADDRESS STRET ADDRESS STRE		144				DITIONS (CLIANICES TO OF	ICEDS AND I	NECTOR	C IN 11					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ND.	UFFICERS AND	DIRECTO		-	. 1							
STREET ADDRESS CITY-ST-ZIP TITLE TS Delete PERRO, ROBERT A SO CHARLES LINDBERGH BLVD., SUITE 500 UNIONDALE NY 11553 TITLE NAME STREET ADDRESS CITY-ST-ZIP			DHC C		☐ Delete	1	1			. •		Change	Madkibii	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP TRUAX, SCOTT ON NORTH LECANTO HIGHWAY BEVERLY HILLS F1 34465 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-													1 :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		E N1 11333			-								
STREET ADDRESS CITY-ST-ZIP UNIONDALE NY-11553 CITY-ST-ZIP UNIONDALE NY-11553 CITY-ST-ZIP VP TRUAX, SCOTT 4007 NORTH LECANTO HIGHWAY BEVERLY HILLS FL 34465 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			ODEOT 4		☐ Delete							Change	Addition	
CITY-ST-ZIP UNIONDALE NY-11553 CITY-ST-ZIP TITLE														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TRUAX, SCOTT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			E N1/11333				_							
STREET ADDRESS CITY-ST-ZIP ### STREET ADDRESS CITY-ST-ZIP)ATT		Delete							Unange	Addition (
CITY-ST-ZIP Delete		IKUAX, SI	JUTT TUTTOANTO LUCUBAGA	v									ľ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1										
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		DEVENU	TILLO FL 34400			-	-	 -				Channa	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					∟ Delete							Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP														
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					□ P-1-2-	-	· -	· 				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					□ Delete								[17] Vagition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP													.]	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE CHANGE TITLE NAME CHANGE CHANGE CHANGE CHANGE TITLE CHANGE CHANG			'\											
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP					☐ Dolote							Change	Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					CT DEIGIE									
CITY-ST-ZIP CITY-ST-ZIP							- I							
							ı							
													nformation	

of the corporation or the receiver of the species and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like appowered.

SIGNATURE

Röbert A. Perro

March 17, 2003

(516) 745-6644