

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 18 PM 1:24

<b>DOCUMENT # V30391</b> 1. Entity Name <b>RIVERVIEW CONSULTANTS, INC.</b>			
Principal Place of Business <b>1010 EAST ADAMS ST</b> <b>JACKSONVILLE, FL 32202</b>		Mailing Address <b>1426 DRUID VALLEY DRIVE</b> <b>#B</b> <b>ATLANTA, GA 30329</b>	
2. Principal Place of Business - No P.O. Box # <b>3017 POWELL RD</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Tallahassee</b> Zip <b>32308</b>		3. Mailing Address <b>1521 DRUID VALLEY ROAD</b> Suite, Apt. #, etc. <b>Apt. C</b> City & State <b>Atlanta, Ga</b> Zip <b>30329</b>	
Country <b>U.S.A.</b>		4. FEI Number <b>59-3123954</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>HUDSON, WILLIE L</b> <b>854 TURTLE CREEK DRIVE NORTH</b> <b>JACKSONVILLE, FL 32218</b>	
7. Name and Address of New Registered Agent Name <b>HUDSON, WILLIE L.</b> Street Address (P.O. Box Number is Not Applicable) <b>3017 Powell Road - Suite 2</b> City <b>Tallahassee, FL</b> Zip <b>32308</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>Willie L. Hudson</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCS HUDSON, WILLIE L. 854 TURTLE CREEK DR. N. JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCS Hudson, Willie L. 1521 DRUID VALLEY ROAD, Apt. C Atlanta, Ga. 30329
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD HUDSON, CAROLYN P. 854 TURTLE CREEK DR. N. JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD Hudson, Carolyn P. 1521 DRUID VALLEY ROAD, Apt. C Atlanta, Ga. 30329
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Willie L. Hudson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>7-18-08</b> Daytime Phone # <b>(904) 343-6647</b>	