# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 08, 2007**
**Secretary of State**

DOCUMENT# P01000102620

**Entity Name:** THRIVEN CORPORATION

**Current Principal Place of Business:**

1 LINTON BLVD.
BAY# 4
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

1 LINTON BLVD.
BAY# 4
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number: 65-1146912** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUCIANE S. QUEIROZ
1 LINTON BLVD.
BAY# 4
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: QUEIROZ, LUCIANE S
Address: 2660 N. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete
Name: MONTEIRO, ERLON A
Address: 2660 N. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DR ( ) Delete
Name: BARROQUEIRO, ARMANDO
Address: 1 LINTON BLVD BAY# 4
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: QUEIROZ, LUCIANE S
Address: 2660 N. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VP (X) Change ( ) Addition
Name: MONTEIRO, ERLON A
Address: 2660 N. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: DR (X) Change ( ) Addition
Name: FANFAN, ULYSSE
Address: 17 SOUTHERN CROSS CIR APT# 208
City-St-Zip: BOYTON BEACH, FL 33436 US

I hereby certify that the information supplied with this filing does not qualify 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: LUCIANE QUEIROZ PD 05/08/2007

Electronic Signature of Signing Officer or Director — Date