2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102620

City-St-Zip:

BOYTON BEACH, FL 33436 US

Entity Name: THRIVEN CORPORATION

FILED May 01, 2008 Secretary of State

Littly Nai	ille. ITIKIVE	NCORFORATION				
Current Principal Place of Business:				New Principal Place of Business:		
1 LINTON BLVD. BAY# 4				1 W. LINTON BLVD. BAY# 4		
DELRAY BEACH, FL 33444				DELRAY BEACH, FL 33444		
Current Mailing Address:				New Mailing Address:		
1 LINTON BLVD. BAY# 4				1 W. LINTON BLVD. BAY# 4		
DELRAY BEACH, FL 33444				DELRAY BEACH, FL 33444		
FEI Number:	: 65-1146912	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LUCIANE S. QUEIROZ 1 LINTON BLVD. BAY# 4 DELRAY BEACH, FL 33444 US				QUEIROZ, LUCIANE S 1 W. LINTON BLVD. BAY# 4 DELRAY BEACH, FL 33444 US		
	named entity e of Florida.	submits this statement for the p	purpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE: LUCIANE S. QUEIROZ				05/01/2008		
Electronic Signature of Registered Agent				Date		
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	ot receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	QUEIROZ, LÚ 2660 N. SEAC			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MONTEIRO, E 2660 N. SEAC			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	FANFAN, ULY	X) Delete SSE N CROSS CIR APT# 208		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LUCIANE S. QUEIROZ PD 05/01/2008