2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96825

FILED May 04, 2005 Secretary of State

Entity Name: GROVITES UNITED TO SURVIVE (GUTS) INC.

| Current P | rincipal Place | of Business: | New Principal Plac | e of Business: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 10500 S V MIAMI, FL | / 149TH STRE 33176 US | ET | | |
| Current M | lailing Addres | s: | New Mailing Addre | ess: |
| 10500 S V MIAMI, FL | / 149TH STRE 33176 US | ET | | |
| FEI Number | : 59-2415143 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and | l Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: |
| | HENRY LEE V 149TH STRE 33176 US | ET | | |
| | e named entity s e of Florida. | submits this statement for the p | ourpose of changing its registe | red office or registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electron | ic Signature of Registered Age | ent | Date |
| | | 3(2)(b), F.S., the corporation did no | t receive the prior notice. | |
| Election Ca | ınpaiyn Financini | J Trust Fund Contribution (). | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHAN | GES TO OFFICERS AND DIRECTORS |
| Title: Name: Address: | PD () GIVENS, HENR 10500 S W 149 | Delete Y LEE TH STREET | Title: Name: Address: | GES TO OFFICERS AND DIRECTORS () Change () Addition |
| Title: Name: Address: City-St-Zip: Title: Name: Address: | PD () GIVENS, HENR 10500 S W 149 MIAMI, FL 331' DVP () JENNINGS, MIL 3471 OAK AVEI | Delete Y LEE TH STREET 76 Delete ES NUE | Title: Name: Address: City-St-Zip: Title: Name: Address: | |
| Title: Name: Address: City-St-Zip: Title: Name: | PD () GIVENS, HENR 10500 S W 149 MIAMI, FL 331 DVP () JENNINGS, MIL 3471 OAK AVEI | Delete Y LEE TH STREET 76 Delete ES NUE DVE, FL 33133 Delete JISE F | Title: Name: Address: City-St-Zip: Title: Name: | ()Change ()Addition |
| Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address: Address: Name: Address: | PD () GIVENS, HENR 10500 S W 149 MIAMI, FL 331' DVP () JENNINGS, MIL 3471 OAK AVEI COCONUT GRO D () ROBERTS, LOL 3570 FRDW AV MIAMI, FL 331' | Delete Y LEE TH STREET 76 Delete ES NUE DVE, FL 33133 Delete JISE F 76 33 Delete BRIE, | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | () Change () Addition () Change () Addition |
| Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: | PD () GIVENS, HENR 10500 S W 149 MIAMI, FL 331' DVP () JENNINGS, MIL 3471 OAK AVEI COCONUT GRO D () ROBERTS, LOL 3570 FRDW AV MIAMI, FL 331' D () WOODS, MAJO 3590 PLAZA ST MIAMI, FL | Delete Y LEE TH STREET 76 Delete ES NUE OVE, FL 33133 Delete JISE F E 33 Delete PRIE, Delete S GTON BLVD | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | () Change () Addition () Change () Addition () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HENRY LEE GIVENS

P 05/04/2005

Electronic Signature of Signing Officer or Director

Date