2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

DOCUMENT# G96825

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

Current Principal Place of Business:

10500 S W 149TH STREET
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10500 S W 149TH STREET
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-2415143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIVENS, HENRY LEE
10500 S W 149TH STREET
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GIVENS, HENRY LEE	
Address:	10500 S W 149TH STREET	
City-St-Zip:	MIAMI, FL 33176	
Title:	DVP	( ) Delete
Name:	JENNINGS, MILES	
Address:	3471 OAK AVENUE	
City-St-Zip:	COCONUT GROVE, FL 33133	
Title:	D	( ) Delete
Name:	ROBERTS, LOUISE F	
Address:	3570 FRDW AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	WOODS, MAJORIE,	
Address:	3590 PLAZA ST	
City-St-Zip:	MIAMI, FL	
Title:	DT	( ) Delete
Name:	GIBSON, JAMES	
Address:	11220 WASHINGTON BLVD	
City-St-Zip:	MIAMI, FL 33176	
Title:	DS	( ) Delete
Name:	ALEXANDER, DOROTHY	
Address:	10315 SW 146TH TERRACE	
City-St-Zip:	MIAMI, FL 33176	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY LEE GIVENS PD 03/10/2006

Electronic Signature of Signing Officer or Director Date