

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96825

FILED
Apr 19, 2009
Secretary of State

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
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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 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

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date