


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90578 032 ****61.25

DOCUMENT # N02000001102

1. Entity Name
SOMETHING TO GIVE, INC.



Principal Place of Business	Mailing Address
3839 4TH STREET NORTH SUITE 350 ST. PETERSBURG, FL 33703	3839 4TH STREET NORTH SUITE 350 ST. PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 03-0387437	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
T. SAMANTHA CHECHELE 5625 CENTRAL AVENUE ST. PETERSBURG, FL 33710			

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, JEFFREY P 3839 4TH STREET NORTH #350 ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. SAMANTHA CHECHELE 5625 CENTRAL AVENUE ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, ROBERT 1224 POMELO AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcheta Joffe for JPO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

727-896-0200

Date _____

Daytime Phone #