

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000555

FILED  
Jan 08, 2005  
Secretary of State

**Entity Name:** GIFT GIVERS INTERNATIONAL, INC.

**Current Principal Place of Business:**

5901 PINE ISLAND ROAD  
ROOM 908  
PARKLAND, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

3324 W UNIVERSITY AVE  
SUITE 373  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-3768464      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVITT, MARC  
3324 W. UNIVERSITY AVE., STE. 373  
GAINESVILLE, FL 32607 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEVITT, MARC  
Address: 9330 N.W. 10TH STREET  
City-St-Zip: PLANTATION, FL 33322 US

Title: T ( ) Delete  
Name: GALLAGHER, GAIL  
Address: 3550 N.W. 99TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: GALLAGHER, GAIL  
Address: 3550 N.W. 99TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC LEVITT

P

01/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date