2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006384

Entity Name: GIVEBACK, INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6703 CACTUS COURT POBOX 64

ORLANDO, FL 32819 GOTHA, FL 347340647 US

Current Mailing Address: New Mailing Address:

6703 CACTUS COURT POBOX 647

ORLANDO, FL 32819 GOTHA, FL 347340647 US

FEI Number: 20-3537485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CRAMER, TAMMY

167 SANDALWOOD WAY

LONGWOOD, FL 32750 US

VOLZ, DAVID

140 MILEHAM DR

ORLANDO, FL 32835 US

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: DAVID VOLZ 04/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 SCHUTZ, LARRY
 Name:
 SCHUTZ, LARRY PH.D.

 Address:
 6703 CACTUS COURT
 Address:
 6703 CACTUS COURT

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: D () Delete Title: P/D (X) Change () Addition Name: DEDO, BECKY Name: DEDO, BECKY

 Name:
 DEDO, BECKY
 Name:
 DEDO, BECKY

 Address:
 14257 CONFETTI DRIVE
 Address:
 14257 CONFETTI DRIVE

Address: 14257 CONFETTI DRIVE
City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: WINDERMERE, FL 34786

 $\label{eq:title:definition} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{Title:} \qquad \mbox{T/D} \qquad \mbox{(X) Change () Addition}$

 Name:
 GORMAN, PATRICK
 Name:
 DAVID, VOLZ

 Address:
 1870 ALOMA AVENUE
 Address:
 140 MILEHAM DR

 City-St-Zip:
 WINTER PARK, FL 32798
 City-St-Zip:
 ORLANDO, FL 32835

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

SIGNATURE: DAVID VOLZ T/D 04/04/2006