


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N05000006384 1. Entity Name GIVEBACK, INC. |  |
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| Principal Place of Business 6703 CACTUS COURT ORLANDO, FL 32819 US | Mailing Address 6703 CACTUS COURT ORLANDO, FL 32819 US |
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DO NOT WRITE IN THIS SPACE

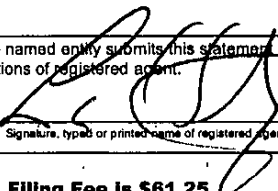
(N05000006384N)

01042007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-3537485 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SCHUTZ, LARRY E PH.D. 6703 CACTUS COURT ORLANDO, FL 32819 | DO NOT WRITE IN THIS SPACE |
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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:  DATE: 02/01/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

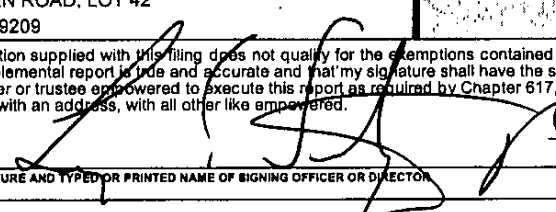
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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/D SCHUTZ, LARRY PH.D. 6703 CACTUS COURT ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSENBERG, STEPHEN MD 6001 VINELAND ROAD, SUITE 116 ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BAIRD, SAMANTHA 1091 RAILSIDE WAY OAKLAND, FL 34787 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GORMAN, PATRICK PH.D. 1870 ALOMA AVENUE, SUITE 280 WINTER PARK, FL 32787 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D MERTZ, DELORIS 1598 COMPASS COURT KISSIMMEE, FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUDDECKE, MAURINE PH.D. 8061 N. MCRAVEN ROAD, LOT 42 JACKSON, MS 39209 |

**DO NOT WRITE
IN THIS SPACE**

U00000642204
03/01/07-80033-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 02/01/07 DAYTIME PHONE #: 4073511510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR