2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001977

Entity Name: A CHEERFUL GIVER, INC.

FILED May 24, 2007 Secretary of State

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

11089 LEM TURNER RD JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

11089 LEM TURNER RD JACKSONVILLE, FL 32218

FEI Number: 43-2099736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROZIERS, KAREN W ROZIERS, HERBERT A 11089 LEM TURNER RD. 11089 LEM TURNER RD.

JACKSONVILLE, FL 32218 US JACKSONVILLE, FL 32218 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: HERBERT A. ROZIERS 05/24/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: () Change () Addition

 Name:
 ROZIERS, KAREN W
 Name:

 Address:
 1235 TURTLE CREEK DR. S.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition Name: DOUGLAS, JAMES SR Name: ROZIERS, MICHAEL E

Address: 6370 TOYOTA DR. Address: 1235 TURTLE CREEK DR. SOUTH

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32218

 Title:
 SEC () Delete
 Title:
 SEC (X) Change () Addition

 Name:
 YOUNG, RENEE
 Name:
 GINN, CATRINA

Address: 2841 EDGEWOOD AVE. W. Address: 955 SARATOGA BLVD
City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32208

Title: TRE () Delete Title: TRE (X) Change () Addition

Name:ROZIERS, GABRIEL JName:DOUGLAS, JOYCEAddress:1235 TURTLE CREEK DRAddress:6370 TOYOTA DRIVECity-St-Zip:JACKSONVILLE, FL 32218City-St-Zip:JACKSONVILLE, FL 32244

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

SIGNATURE: KAREN W. ROZIERS PRES 05/24/2007