

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003775

FILED
Mar 09, 2009
Secretary of State

Entity Name: GREATEST GIFT, INC.

Current Principal Place of Business:

322 GLEN CLUB DR
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

322 GLEN CLUB DR
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 26-2476001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: BUCKLEY, RYAN
Address: 322 GLEN CLUB DR.
City-St-Zip: DEBARY, FL 32713 US

Title: S () Delete
Name: MATHUR, TANMAY
Address: 322 GLEN CLUB DR.
City-St-Zip: DEBARY, FL 32713 US

Title: T () Delete
Name: MANSOUR, JOSHUA
Address: 322 GLEN CLUB DR.
City-St-Zip: DEBARY, FL 32713 US

Title: D () Delete
Name: BUCKLEY, JASON
Address: 322 GLEN CLUB DR.
City-St-Zip: DEBARY, FL 32713 US

Title: D () Delete
Name: ALLISON, MICHAEL
Address: 322 GLEN CLUB DR.
City-St-Zip: DEBARY, FL 32713 US

Title: D () Delete
Name: BUCKLEY, RYAN
Address: 322 GLEN CLUB DR.
City-St-Zip: DEBARY, FL 32713 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: RYAN BUCKLEY

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date