


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15875</b>	
1. Entity Name <b>GIVE SOME BACK, INC.</b>	

Principal Place of Business <b>C/O TOM SICCONE 2982 NEEDHAM CT DELRAY BEACH, FL 33445 US</b>	Mailing Address <b>C/O TOM SICCONE 2987 NEEDHAM CT DELRAY BEACH, FL 33445 US</b>
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02072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SICCONE, TOM 2987 NEEDHAM CT DELRAY BEACH, FL 33445</b>
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

8. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MCNERNEY, PETER J. 374 HUMPHREY ST. SWAMPSCOTT, MA</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD PUGLIESE, PAUL T. 1000 N US HWY #1, #728 JUPITER, FL 33477</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SICCONE, THOMAS N. 2987 NEED HAM CTVD. DELRAY BEACH, FL 33445</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000440658  
03/03/06-80003-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 I am empowered.

SIGNATURE: *Tom N Siccone* 2/17/06 506-495-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #