


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90052 024 \*\*\*\*61.25

<b>DOCUMENT # N99000002992</b>	
1. Entity Name <b>GROWING INVOLVEMENT FOR TEENS, INC.</b>	

Principal Place of Business <b>10561 S.W. 67 COURT OCALA FL 34476</b>	Mailing Address <b>10561 S.W. 67 COURT OCALA FL 34476</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>65-0919429</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<del>ZANDMAN, AARON</del> <del>6901 W SR 48</del> <del>OCALA FL 34482</del>	<b>BARBARA HARROD</b> <b>3000 SW 121 AVE</b> <b>DAVIE, FL 33330</b>

7. Name and Address of New Registered Agent	
Name <b>BARBARA HARROD</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3000 SW 121 AVE</b>	
City <b>DAVIE</b>	FL Zip Code <b>33330</b>

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 <b>Barbara Harrod</b>	DATE <b>4/25/07</b>
(NOTE: Registered Agent signature required when re-registering)	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D</b> <b>ZANDMAN, AARON</b> <b>6901 W SR 48</b> <b>OCALA FL 34482</b>	
<b>O</b> <b>HARROD, BARBARA</b> <b>3000 SW 121 AVE</b> <b>DAVIE FL 33330</b>	<input type="checkbox"/> Delete
<b>D</b> <b>VROMAN, WENDY</b> <b>12751 SE 137 CT</b> <b>DUNNELLON FL 34431</b>	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>OFFICER</b> <b>10561 SW 67 CT</b> <b>OCALA, FL 34476</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>OFFICER</b> <b>STEVE ZANDMAN</b> <b>10561 SW 67 CT</b> <b>OCALA, FL 34476</b>	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <b>Barbara Harrod</b>	DATE: <b>4/25/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	