2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092359

Entity Name: AMERIGIVES, INC.

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2793 S.E. MONROE STUART, FL 34997				850 NW FEDERAL HWY SUITE 210 STUART, FL 34994		
Current Mailing Address:			New Maili	New Mailing Address:		
2793 S.E. MONROE STUART, FL 34997			SUITE 210	850 NW FEDERAL HWY SUITE 210 STUART, FL 34994		
FEI Number	: 06-1595387	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
CULLY, MICHAEL			,	MARTIN, AMY CFO		
2793 SE MONROE ST STUART, FL 34997 US				850 NW FEDERAL HWY SUITE 210		
				STUART, FL 34994 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered	office or registered agent, or both,	
SIGNATURE: AMY MARTIN				03/23/2009		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	DTP () Delete	Title:		() Change () Addition	
Name:	WHELAN, THO		Name:			
Address: City-St-Zip:	33 VINEYARD GREENWICH,		Address: City-St-Zip:			
Oity Ot Zip.	OKELIWIOII,	01 00001	Oity Ot Zip.			
Title:	,) Delete	Title:		(X) Change () Addition	
Name:	CULLY, MICHA		Name:	CARBIA, MYI		
Address: City-St-Zip:	2793 SE MON STUART, FL 3		Address: City-St-Zip:	STUART, FL	DERAL HWY # 210 34994	
Title:	() Delete	Title:	сто	() Change (X) Addition	
Name:	`	,	Name:	PEARSON, F	· /	
Address:			Address:		ERAL HWY #210	
City-St-Zip:			City-St-Zip:	STUART, FL	34994	
Title:	() Delete	Title:		() Change (X) Addition	
Name:			Name:	MARTIN, AM	Υ	
Address:			Address:		ERAL HWY #210	

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

City-St-Zip: STUART, FL 34994

SIGNATURE: AMY MARTIN CFO 03/23/2009