

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102620

FILED
Apr 27, 2007
Secretary of State

Entity Name: THRIVEN CORPORATION

Current Principal Place of Business:

1 LINTON BLVD.
BAY# 4
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1 LINTON BLVD.
BAY# 4
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-1146912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCIANE S. QUEIROZ
1 LINTON BLVD.
BAY# 4
DELRAY BEACH, FL 33444 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA QUEIROZ, LUCIANE
Address: 2660 N. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP () Delete
Name: MONTEIRO, ERLON A
Address: 2660 N. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUEIROZ, LUCIANE S
Address: 2660 N. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: DR () Change (X) Addition
Name: BARROQUEIRO, ARMANDO
Address: 1 LINTON BLVD BAY# 4
City-St-Zip: DELRAY BEACH, FL 33444

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.

SIGNATURE: LUCIANE S. QUEIROZ

PD

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date