2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT					FILED			
DOCUMENT # P02000101299 1. Enhty Name ACRIVA GROUP, INC.		9		Feb 22, 2007 08:00 A Secretary of State				
Principal Plac 1811 S PINE TARPON SPR	LLAS AVE	lailing Address PO BOX 937 FARPON SPRINGS, FL 34688		1 1331 1831 111	DOLLO WAN DENN EENN EEN	פונעת על פני נע נסע על שול !	18170 181700 J J J J J J J J J J J J J J J J J J	
D	O NOT WRITE II	CE	02182007 No Chg-P CR2E034 (11/05) 4. FEI Number 81-0586184 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current Regis	stered Agent		1				
KERAMAS, GEORGE 1811 S PINELLAS AVE TARPON SPRINGS, FL 34689					NOT W			
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flor	ida, I am familia	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	sif applicable. (NOTE, Registere	ed Agent signature require	d whon reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND DIRE	CTORS	1		· · · · · · · · · · · · · · · · · · ·	··		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS KERAMAS, GEORGE 1811 S PINELLAS AVE TARPON SPRINGS, FL 34689			•				
NAME STREET ADDRESS CITY-ST-ZIP					000000 03/02/07~	544966 80065-005	158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·				
NAME STREET ADDRESS CHY-ST-ZIP								
12. I hereby indicated of the co-	certify that the information supplied with this, don this report or supplemental report is tude trorallion or the receiver or trustee empowers, or on an attachment with an address with a	Ming does not qualify for the ex and accurate and that my signs and to execute this report as requ all other like empowered.	remptions containe ature shall have the lired by Chapter 60	d in Chapter 11: same legal effe 7, Florida Statute	Florida Statutes. I ot as if made under o es; and that my name	further certify tha ath: that I am an appears in Bloc	t the information officer or director k 10 or Block 11 if	