

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90362 048 ***158.75

DOCUMENT # P04000064415
1. Entity Name Survive, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2311 Rogers Rd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland, FL	City & State
Zip 33813-3139	Country

4. FEI Number 55-0864546	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Rebecca Oldham	
Street Address (P.O. Box Number is Not Acceptable) 2311 Rogers Rd.	
City Lakeland	Zip Code 33813-3139

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1 - Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rebecca Oldham 2311 Rogers Rd. Lakeland, FL 33813-3139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Debora C. Reher 74 Marinus St. Rochelle Park, NJ 07662-3826
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Rebecca Oldham</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rebecca Oldham, President	Date 3/21/05	Daytime Phone # 813-967-0407
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