
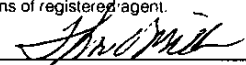
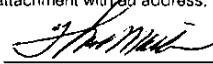


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90202 045 ***150.00

DOCUMENT # P05000092622 1. Entity Name THE THRIVALIST, INC.					
Principal Place of Business 2832 NW 3RD AVENUE WILTON MANORS, FL 33311			Mailing Address 2832 NW 3RD AVENUE WILTON MANORS, FL 33311		
2. Principal Place of Business - No P.O. Box # 2601 NE 14th Avenue		3. Mailing Address 2601 NE 14th Avenue			
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100			
City & State Wilton Manors, FL		City & State Wilton Manors, FL		4. FEI Number 20-3078911	
Zip 33305		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLNER, THOMAS O 2832 NW 3RD AVENUE WILTON MANORS, FL 33311			7. Name and Address of New Registered Agent Name Thomas O. Millner Street Address (P.O. Box Number is Not Acceptable) 2601 NE 14th Avenue, #100 City Wilton Manors FL Zip 33305		
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  DATE 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLNER, THOMAS O 2832 NW 3RD AVENUE WILTON MANORS, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARASSINO, RAYMOND L 2832 NW 3RD AVENUE WILTON MANORS, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Thomas O. Millner, Pres. 4/25/07 (954) 439-4198 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					