


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90235 012 ***150.00

DOCUMENT # P06000074309			
1. Entity Name THRIVE GROUP, INC.			
Principal Place of Business 4384 SHERWOOD BLVD. MELBOURNE, FL 32935 US		Mailing Address 4384 SHERWOOD BLVD. MELBOURNE, FL 32935 US	
2. Principal Place of Business - No P.O. Box # 1882 S. Player Circle		3. Mailing Address 1882 S. Player Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE, FLORIDA		City & State MELBOURNE, FLORIDA	
Zip 32935-4421		Country	
Country		Zip 32935-4421	
Country		Country	
6. Name and Address of Current Registered Agent COCCHIARO, JOSEPH P 4384 SHERWOOD BLVD. MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name: COCCHIARO, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 1882 S. PLAYER CIRCLE City: MELBOURNE FL Zip Code: 32935	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCCHIARO, JOSEPH P 4384 SHERWOOD BLVD. MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1882 S. PLAYER CIRCLE MELBOURNE, FLORIDA 32935-4421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph P Cocchiario</u>		Date: <u>April 30th 08</u> (321) 514-4183	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH P COCCHIARO		Date Daytime Phone #	

