

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061589

Entity Name: GHIVE, INC.

FILED  
Apr 03, 2009  
Secretary of State

## Current Principal Place of Business:

135 2ND AVE. NORTH  
SUITE #5  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

2301 CHALLENGER CT. E  
ATLANTIC BEACH, FL 32233 US

## Current Mailing Address:

P.O. BOX 330338  
ATLANTIC BEACH, FL 322330338 US

## New Mailing Address:

FEI Number: 26-0223892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEISENHEIMER, AARON  
2301 CHALLENGER COURT E  
ATLANTIC BEACH, FL 32223 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: P, D ( ) Delete  
Name: MEISENHEIMER, AARON  
Address: 2301 CHALLENGER COURT E  
City-St-Zip: ATLANTIC BEACH, FL 32223 US

Title: VP, D ( ) Delete  
Name: WALLACE, TYE  
Address: 380 13TH AVENUE N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP, D (X) Change ( ) Addition  
Name: WALLACE, TYE  
Address: 703 4TH AVE. NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: AARON S. MEISENHEIMER

P. D

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date