

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054769

Entity Name: LIVEGREENREWARDS.COM INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

9858 GLADES ROAD  
#219  
BOCA RATON, FL 33434

## New Principal Place of Business:

## Current Mailing Address:

9858 GLADES ROAD  
#219  
BOCA RATON, FL 33434

## New Mailing Address:

FEI Number: 10-3705856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOFFMAN, BEN  
11201 NW 1ST COURT  
CORAL SPRINGS, FL 33071 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 ( ) Delete  
Name: MARTURANO, GASPARE J  
Address: 200 CANTERBURY PLACE  
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: VP ( ) Delete  
Name: HOFFMAN, BEN  
Address: 11201 NW 1ST COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: FINEMAN, NICK  
Address: 10793 SANTA LAGUNA DRIVE  
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete  
Name: SCHWARTZ, KEITH  
Address: PO BOX 970333  
City-St-Zip: BOCA RATON, FL 33497

Title: VP ( ) Delete  
Name: COHEN, BERT  
Address: 3 HEMLOCK CIRCLE  
City-St-Zip: PAWLING, NY 12564

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GASPARE MARTURANO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date