

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N05000008809

Entity Name: LOAVES & FISHES OF ECUADOR, INC.

**Current Principal Place of Business:**

151 MARY ESTHER BLVD  
SUITE 301  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

151 MARY ESTHER BLVD  
SUITE 301  
MARY ESTHER, FL 32569

**New Mailing Address:**

FEI Number: 20-3397682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RISALVATO, THOMAS J  
151 MARY ESTHER BLVD  
SUITE 301  
MARY ESTHER, FL 32569 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SEALE, LARRY  
Address: 8167 STILLWATER COVE  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: GODWIN, DAN  
Address: 9521 BRENTWOOD BLVD  
City-St-Zip: NAVARRE, FL 32566

Title: DT ( ) Delete  
Name: RISALVATO, THOMAS  
Address: 151 MARY ESTHER, BLVD. #301  
City-St-Zip: MARY ESTHER, FL 32569

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS RISALVATO

DT

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date