
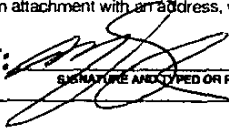


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90326 015 \*\*\*150.00

DOCUMENT # P03000124263			
1. Entity Name LOVING HEARTS CARING FRIENDS, INC.			
Principal Place of Business 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953		Mailing Address 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953	
2. Principal Place of Business 1834 SW MORELIA LN Suite, Apt. #, etc.		3. Mailing Address 1834 SW MORELIA LN Suite, Apt. #, etc.	
City & State PORT ST LUCIE, FL		City & State PORT ST LUCIE, FL	
Zip 34953		Zip 34953	
Country		Country	
4. FEI Number 20-0357781		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, MAXINE 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1834 SW MORELIA LANE City PORT ST LUCIE FL Zip Code 34953	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 TAYLOR, MAXINE 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1834 SW MORELIA LN PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DERRICK, TAYLOR 1781 SW ARGRE ST. PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1834 SW MORELIA LN PORT ST LUCIE, FL 34953
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 exemption stated in Section 119.07(3)(i), 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: 		Maxine Taylor President (778) 4/15/05 359-5482	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01162005 Chg-P CR2E034 (10/03)