FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2006 8:00 am
Secretary of State
04-19-2006 90096 029 ***158.75

DOCUMENT # P96000059367

1. Entity Name
I LOVE PLUS, INC.

DO NOT WRITE IN THIS SPACE

60028644

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3121 Lake Worth Road	3121 Lake Worth Road
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State: Lake Worth Florida	City & State: Lake Worth, Florida
Zip: 33461 Country: U.S.A	Zip: 33461 Country: U.S.A.

4. FEI Number: 65-0682376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: Susan Toner 4-14-2006
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ P SUSAN C. TONER 978 Bayview Road Green Acres, Fl. 33463	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Toner 4-13-06 561-642-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #