

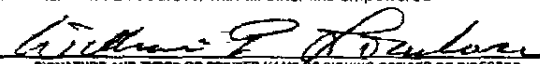


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 286677</b> 1. Entity Name <b>LOVELACE GAS SERVICE INC</b>			
Principal Place of Business <b>10606 EAST COLONIAL DRIVE ORLANDO, FL 32817</b>		Mailing Address <b>10606 EAST COLONIAL DRIVE ORLANDO, FL 32817</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1060015</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOVELACE WILLIAM E 2911 NELA AVE ORLANDO, FL 32825</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>U000000529729 05/05/06-80089-004 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVELACE, GARRY L 735 MALONEY LANE ORLANDO, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVELACE, WILLIAM E 2911 NELA AVENUE ORLANDO, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOVELACE, WILLIAM E. JR. 2911 NELA AVENUE ORLANDO, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-18-06 487-277-2966 <small>Date Daytime Phone #</small>	