2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524471

Entity Name: LADOVE, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:	
	I LAKES DRIV ES, FL 33014				
Current Mailing Address:			New Ma	New Mailing Address:	
	I LAKES DRIV ES, FL 33014				
FEI Number:	59-1720146	FEI Number Applied For()	FEI Number Not A	Applicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name a	and Address of New Registered Agent:	
20801 BISC	NORMAN & LEOPOLD, CAYNE BLVD. A, FL 33180	, #501			
The above in the State		submits this statement for the pur	oose of changin	ng its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Agent		Date	
Election Cam	npaign Financing	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIO	IONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LADOVE, LAW 395 CARIBBEA PALM BEACH,	N	Title: Name: Address: City-St-Zip		
Title: Name: Address: City-St-Zip:	PD () KENT, SHEREE 520 MIDDLERO GULFSTREAM,	DAD	Title: Name: Address: City-St-Zip		
Title: Name: Address: City-St-Zip:	V () BASS, MICHAE 15800 SW 82N MIAMI, FL 331	D AVENUE	Title: Name: Address: City-St-Zip		
Title: Name: Address: City-St-Zip:	T () CECIO, JULIAN 14910 SW 168 MIAMI, FL 331	TH ST	Title: Name: Address: City-St-Zip		
Title: Name: Address: City-St-Zip:	D () KRYSIAK, BRU 6 ARCHIPELAG LAGUNA BEAC	O DRIVE	Title: Name: Address: City-St-Zip		
Title: Name: Address:	KHANNA, SUNI	AVENUE, 25TH FLOOR	Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM L. BYERS T 04/27/2005