## **12007 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 04, 2007 8:00 am Secretary of State **DOCUMENT # 524471** 05-04-2007 90079 024 \*\*\*150.00 1. Entity Name LADOVE, INC. Principal Place of Business Mailing Address 5701 MIAMI LAKES DRIVE 5701 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 40105203 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1720146 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD QUINCY, FL 32351 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) IN ACCORDANCE WITH S. 607.193(2)(4), FS., THE CORPORATION & D. WOT RECEIVE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees THE PRIOR NOTICE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change TITLE ☐ Delete TITLE M Addition LADOVE, LAWRENCE STROPE, KEITH NAME NAME 3916 RONDA ROAD STREET ADDRESS STREET ADDRESS 10330 OLD OLIVE STREET RD PEBBLE BEACH, CA 93953 CITY-ST-ZIP CITY-ST-7IP SAINT LOUIS, MO 63141 TITLE ☐ Delete TITLE Change ☐ Addition NAME KENT, SHEREE LADOVE NAME LaDOVE, SHEREE STREET ADDRESS 3960 NORTH OCEAN BOULEVARD #6 STREET ADDRESS 5701 MIAMI LAKES DRIVE CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE ☐ Defete TITLE ☐ Chance Addition BASS, MICHAEL NAME NAME CROW. DAVID E. STREET ADDRESS 15800 SW 82ND AVENUE STREET ADDRESS 5701 MIAMI LAKES DRIVE CITY-ST-7/P MIAMI, FL 33157 CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE Delete Change Addition BYERS, WILLIAM L DERRICK, ROBERT NAME STREET ADDRESS 8553 GREENSIDE CT STREET ADDRESS 1170 PEACHTREE ST NE STE 500 SARASOTA, FL 34241 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30309 TITLE ☐ Delete TITLE Change Addition KRYSIAK, BRUCE NAME NAME STREET ADDRESS 6 ARCHIPELAGO DRIVE STREET ADDRESS CITY-ST-ZIP LAGUNA BEACH, CA 92651 CITY-ST-ZIP TITLE Delete TITLE Change Change Addition KHANNA, SUNIL NAME STREET ADDRESS 50 EAST 42ND STREET, SUITE 702 STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10017 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED