2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 524471

Entity Name: LADOVE, INC.

Current Principal Place of Business:

5701 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5701 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-1720146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LADOVE, LAWRENCE,
Address: 3916 RONDA ROAD
City-St-Zip: PEBBLE BEACH, CA 93953

Title: PD ( ) Delete
Name: LADOVE, SHEREE
Address: 5701 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPS ( ) Delete
Name: BASS, MICHAEL
Address: 15800 SW 82ND AVENUE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: STROPE, KEITH
Address: 10330 OLD OLIVE STREET RD
City-St-Zip: SAINT LOUIS, MO 63141

Title: D ( ) Delete
Name: KRYSIAK, BRUCE
Address: 6 ARCHIPELAGO DRIVE
City-St-Zip: LAGUNA BEACH, CA 92651

Title: T (X) Delete
Name: CROW, DAVID E
Address: 5701 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL BASS VPS 02/12/2009

Electronic Signature of Signing Officer or Director Date