


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90065 033 ****61.25

DOCUMENT # 749835	
1. Entity Name THE RHYTHM LOVERS, INC.	

Principal Place of Business 1000 S. K STREET PENSACOLA, FL 32501 US	Mailing Address P.O. BOX 17293 PENSACOLA, FL 32522 US
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2. Principal Place of Business - No P.O. Box # 105 Kenmore Road	3. Mailing Address Same above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola FL	City & State
Zip 32503	Country USA



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3002359		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent POSEY, SUSAN 8535 NANTUCKET PL PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name Lois B. Thiergart Street Address (P.O. Box Number is Not Acceptable) 9195 Gulf Beach Highway City Pensacola FL Zip Code 32507

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 Lois B. Thiergart, President DATE April 5, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSEY, SUSAN 8235 NANTUCKET PLACE PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lois B. Thiergart <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9195 Gulf Beach Hwy Pensacola FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TATE, WILLIAM A 1243 PENSACOLA DRIVE LILLIAN, AL 36549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Victor Benedetto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401 Ursula Lane Pensacola FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOHRON, ED 7200 LILLIAN HWY. APT. 602 PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Reta Burton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5933 Hermitage Dr. Pensacola FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACK, ELLEN M 6129 CONFEDERATE DRIVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lauren Robinson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2117 E. Lakeview Avenue Pensacola FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Lois B. Thiergart Lois B. Thiergart 4/5/07 850-453-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #