

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90018 006 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 749835</b> 1. Entity Name <b>THE RHYTHM LOVERS, INC.</b>			
Principal Place of Business <b>105 KENMORE ROAD          PENSACOLA, FL 32503 US</b>		Mailing Address <b>P.O. BOX 17293          PENSACOLA, FL 32522 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5007 N. DAVIS HWY</b>		3. Mailing Address 	
Suite, Apt. #, etc. <b>CENTER STAGE</b>		Suite, Apt. #, etc. 	
City & State <b>PENSACOLA, FLORIDA</b>		City & State 	
Zip <b>32503</b>		Country <b>USA</b>	
4. FEI Number <b>59-3002359</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>THIERGART, LOIS B          9195 GULF BEACH HIGHWAY          PENSACOLA, FL 32507</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>			
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be          Added to Fees</b>		<b>Make check payable to          Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THIERGART, LOIS B 9195 GULF BEACH HWY PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, BLANCHE 2981 RAINES STREET PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BURTON, RITA 5933 HERMITAGE DR PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEETS, WAYNE 4070 ARBUTUS DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BENEDETTO, VICTOR 2401 URSULA LANE PENSACOLA, FL 32526	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARSON, EDWIN 6501 OAK CLIFF ROAD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBINSON, LAUREN 2117 E LAKEVIEW AVENUE PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRAR, GLENN 6210 SUNTAN CIRCLE PENSACOLA, FL 32526	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDLESTON, GEORGIA 5563 MEADOWLARK LANE MILTON, FL 32570	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 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.			
<b>SIGNATURE:</b> <u>Lois B. Thiergart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <span><u>3/15/2008</u> <small>Date</small></span> <span><u>850-453-6336</u> <small>Daytime Phone #</small></span> </div>	

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