

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002634

Entity Name: LOVLEY DEVELOPMENT, INC.

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

710 MAIN STREET, SUITE 11
PLANTSVILLE, CT 06479

New Principal Place of Business:

710 MAIN STREET
SUITE 11
PLANTSVILLE, CT 06479

Current Mailing Address:

P.O. BOX 772
SOUTHINGTON, CT 06489

New Mailing Address:

FEI Number: 06-1402500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINICKE, STEPHANIE A
1800 2ND STREET, SUITE 803
SARASOTA, FL 34236 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: PD () Delete
Name: LOVLEY, MARK D
Address: 710 MAIN STREET, SUITE 11
City-St-Zip: PLANTSVILLE, CT 06479

Title: ST () Delete
Name: LOVLEY EILEEN
Address: 710 MAIN STREET, SUITE 11
City-St-Zip: PLANTSVILLE, CT 06479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARK D LOVLEY

PD

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date