

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004845

FILED
Mar 13, 2007
Secretary of State

Entity Name: LOVULLO ASSOCIATES, INC.

Current Principal Place of Business:

6450 TRANSIT RD
DEPEW, NY 14043

New Principal Place of Business:

Current Mailing Address:

6450 TRANSIT RD
DEPEW, NY 14043

New Mailing Address:

FEI Number: 16-1014425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE
STE 200
TARPON SPRINGS, FL 34688 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: P () Delete
Name: LOVULLO, LEONARD T
Address: 2 LANDING CREEK CT
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: SRVP () Delete
Name: LOVULLO, PAUL W
Address: 6290 CREEKBEND CT
City-St-Zip: CLARENCE CENTER, NY 14032

Title: VP () Delete
Name: PIETROWSKI, DAVID W
Address: 11 CYNTHIA CIR
City-St-Zip: ORCHARD PARK, NY 14127

Title: D () Delete
Name: LOVULLO, KEVIN J
Address: 610 COTTONWOOD DR
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: D () Delete
Name: BOUSKILL, ELIZABETH A
Address: 109 FENNEC LN
City-St-Zip: EAST AMHERSTE, NY 14051

Title: AS (X) Delete
Name: BURNS, COLLEEN P
Address: 685 WOODLAND DR
City-St-Zip: KENMORE, NY 14223

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: AS (X) Change () Addition
Name: BURNS, COLLEEN P
Address: 685 WOODLAND DR
City-St-Zip: KENMORE, NY 14223

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: DAVID PIETROWSKI

VP

03/13/2007

Electronic Signature of Signing Officer or Director

Date