2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002814

Entity Name: LOVE FUNDING CORPORATION

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 VILLAGE SQUARE CROSSING SUITE 2B PALM BEACH GARDENS, FL 33410 **Current Mailing Address: New Mailing Address:** 212 S. CENTRAL AVE. SUITE 301 212 S. CENTRAL AVE. SUITE 100 CLAYTON, MO 63105 US CLAYTON, MO 63105 US FEI Number: 43-1364602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DELLONTE, MARK Name: Name: 1250 CONNECTICUT AVE STE 550 Address: Address: City-St-Zip: WASHINGTON, DC 20036 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: ROBERTSON, BRIAN Name: 212 S CENTRAL AVE STE 301 Address: Address: SAINT LOUIS, MO 63105 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition LOVE, ANDREW S Name: Name: 212 SOUTH CENTRAL, SUITE 201 Address: Address: ST. LOUIS, MO 63105 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: () Change () Addition WHATLEY, CAROLYN Name: Name: Address: 400 VILLAGE SQUARE CROSSING ,STE. 2B Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: SVP Title: () Delete () Change () Addition FORD, KAREN Name: Name: 21 WHITE OAKS LANE Address: Address: City-St-Zip: HATTIESBURG, MS 39402 City-St-Zip: (X) Change () Addition Title: () Delete Title: STEVENSON, RICK Name: Name: STEVENSON, RICHARD 212 S. CENTRAL AVE STE 201 212 S. CENTRAL AVE STE 201 Address: Address: City-St-Zip: ST. LOUIS, MO 63105 City-St-Zip: ST. LOUIS, MO 63105

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: MARK R. DELLONTE PD 04/30/2008