2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F94000002814

Entity Name: LOVE FUNDING CORPORATION

Current Principal Place of Business:

400 VILLAGE SQUARE CROSSING
SUITE 2B
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

212 S. CENTRAL AVE.
SUITE 301
CLAYTON, MO 63105 US

New Mailing Address:

FEI Number: 43-1364602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: DELLONTE, MARK
Address: 1250 CONNECTICUT AVE STE 550
City-St-Zip: WASHINGTON, DC 20036

Title: VP ( ) Delete
Name: ROBERTSON, BRIAN
Address: 212 S CENTRAL AVE STE 301
City-St-Zip: SAINT LOUIS, MO 63105

Title: SD ( ) Delete
Name: LOVE, ANDREW S
Address: 212 SOUTH CENTRAL, SUITE 201
City-St-Zip: ST. LOUIS, MO 63105

Title: VP ( ) Delete
Name: WHATLEY, CAROLYN
Address: 400 VILLAGE SQUARE CROSSING ,STE. 2B
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SVP ( ) Delete
Name: FORD, KAREN
Address: 21 WHITE OAKS LANE
City-St-Zip: HATTIESBURG, MS 39402

Title: D ( ) Delete
Name: STEVENSON, RICHARD
Address: 212 S. CENTRAL AVE STE 201
City-St-Zip: ST. LOUIS, MO 63105

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: ( ) 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 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: PATRICIA L. BLY MS 04/29/2009

Electronic Signature of Signing Officer or Director Date