

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000002919 1. Entity Name LOVEWELL INSTITUTE FOR THE CREATIVE ARTS, INC.					
Principal Place of Business C/O MR. DAVID SPANGLER 1600 NE 18TH AVE. FT. LAUDERDALE, FL 33305			Mailing Address C/O MR. DAVID SPANGLER 1600 NE 18TH AVE. FT. LAUDERDALE, FL 33305		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 48-1066435	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HKE'S F REGISTERED AGENT CORP 2601 S. BAYSHORE DR # 1600 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name William E. SHOEMAKER Street Address (P.O. Box Number is Not Acceptable) 2400 E LAS OLAS BLVD PMB 126 FT. LAUDERDALE FL 33301	
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 <i>W. E. Shoemaker</i> DATE 10/3/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC SPANGLER, DAVID 1600 NE 18TH AVENUE FT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. FISHLER, ABRAHAM 8640 CANYAN WAY TAMARAC, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MATHIS, HARRIET B 2901 NE 21ST TERRACE FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RODRIGUEZ, CONNIE 1921 NW 164 TER MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGARS, L. JANA 4060 KIRKORA ST COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060456334 10/10/05--01072--006 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHLER, LORI FAYE 69 HARLEY ST. #1 LONDON, UK W168BW	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRENDEL, DEBRA 2117 N. 14TH AVE HOLLYWOOD FL, 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060456334 12/02/05--01052--020 **175.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SHOEMAKER, WILLIAM E. 1733 NE 8 ST FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>Harriet B. Mathis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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