# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K70521

**Entity Name:** LOVELY PEOPLE INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 220 71ST ST.<br>SUITE 200<br>MIAMI BEACH, FL  33141    US | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 220 71ST ST.<br>SUITE 200<br>MIAMI BEACH, FL  33141    US | |

FEI Number: 65-0208149        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:** |
|---|---|
| SILVA, PEDRO PAULO A.<br>7601 E TREASURE DR #402<br>NORTH BAY VILLAGE, FL  33141    US | SILVA, PEDRO PAULO A.<br>7601 E TREASURE DR #408<br>NORTH BAY VILLAGE, FL  33141    US |

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: _____     04/25/2005 _____
                    Electronic Signature of Registered Agent                                Date

**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:        PTSD        ( ) Delete<br>Name:      SILVA, PEDRO PAULO D, E ANDRADE<br>Address:   7601 E TREASURE DR #402<br>City-St-Zip: NORTH BAY VILLAGE, FL  33141 | Title:        PTSD        (X) Change  ( ) Addition<br>Name:      SILVA, PEDRO PAULO D, E ANDRADE<br>Address:   7601 E TREASURE DR #408<br>City-St-Zip: NORTH BAY VILLAGE, FL  33141 US |

I hereby certify that the information supplied with this filing does not qualify for the 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 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:  PEDRO PAULO A. SILVA                          PTSD                04/25/2005 _____
                    Electronic Signature of Signing Officer or Director                    Date