2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2007
Secretary of State

DOCUMENT# L06000092801

Entity Name: LOVEHEALZ, LLC

Current Principal Place of Business:

5750 MAJOR BLVD
SUITE 510
ORLANDO, FL 32819 US

New Principal Place of Business:

362 BURLEIGH STREET
ORLANDO, FL 32824 US

Current Mailing Address:

5750 MAJOR BLVD
SUITE 510
ORLANDO, FL 32819 US

New Mailing Address:

362 BURLEIGH STREET
ORLANDO, FL 32824 US

FEI Number: 61-1508304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POWELL, BENNY R
362 BURLEIGH STREET
ORLANDO, FL 32824 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

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: POWELL, BENNY R
Address: 362 BURLEIGH STREET
City-St-Zip: ORLANDO, FL 32824

Title: CFO (X) Delete
Name: CAUSEY, DUSTIN
Address: 6019 WILBETH AVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BENNY R POWELL CEO 06/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date