


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002584 1. Entity Name L.O.V.E. GOLF TECH CONNECTIONS, INC.	
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Principal Place of Business 1145 MADISON AVE. DAYTONA BCH, FL 32114	Mailing Address 1145 MADISON AVE. DAYTONA BCH, FL 32114
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05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3731122 ☐ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PRILLERMAN, LADONNA 2425 S. ATLANTIC AVE. DAYTONA BCH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHOLS, VERNON L 1145 MADISON AVE. DAYTONA BCH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHOLS, WALTER B 2425 S. ATLANTIC AVE. DAYTONA BCH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, SHERRI 78 FRANKLIN RD. TEANECK, NJ 07666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000362998
05/05/05-80140-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vernon L. Echols* 5-04-05