

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002584

FILED  
Sep 01, 2006  
Secretary of State

Entity Name: L.O.V.E. GOLF TECH CONNECTIONS, INC.

**Current Principal Place of Business:**

1145 MADISON AVE.  
DAYTONA BCH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

1145 MADISON AVE.  
DAYTONA BCH, FL 32114

**New Mailing Address:**

FEI Number: 59-3731122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

PRILLERMAN, LADONNA  
2425 S. ATLANTIC AVE.  
DAYTONA BCH, FL 32114    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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ECHOLS, VERNON L  
Address: 1145 MADISON AVE.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D      ( ) Delete  
Name: ECHOLS, WALTER B  
Address: 2425 S. ATLANTIC AVE.  
City-St-Zip: DAYTONA BCH SHORES, FL 32118

Title: D      ( ) Delete  
Name: HOOD, SHERRI  
Address: 78 FRANKLIN RD.  
City-St-Zip: TEANECK, NJ 07666

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON ECHOLS

MR.

09/01/2006

Electronic Signature of Signing Officer or Director

Date