

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007707

FILED
Apr 30, 2005
Secretary of State

Entity Name: LOVE TO LEARN ARTS ACADEMY, INC.

Current Principal Place of Business:

2465-2467 US 1 SOUTH
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

4342 NW 15TH TERR.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 03-0475554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALMER, LAVETTA L.
2465-2467 US 1 SOUTH
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

PALMER, LAVETTA L DR.
2465-2467 US 1 SOUTH
SAINT AUGUSTINE, FL 32084 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: DR. LAVETTA L. PALMER

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PAMER, LAVETTA L. DR.
Address: 248 RIBERIA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: PALMER, LOLITA A. DR.
Address: 989 DEER CHASE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: SCD () Delete
Name: TAYLOR, HAZEL
Address: 601 GIBSON AVE.
City-St-Zip: ARCHER, FL 32618

Title: TBM () Delete
Name: MITCHELL, LARRY DR
Address: 6711 SW 63RD LANE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: PAMER, LAVETTA L. DR.
Address: 989 DEER CHASE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: PALMER, LOLITA A. DR.
Address: 989 DEER CHASE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

SIGNATURE: DR. LAVETTA L. PALMER

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date