2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000008101

Entity Name: CHANNELS OF LOVE, INC.

Current Principal Place of Business:

17842 SW 88TH PLACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17842 SW 88TH PLACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1154001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCKOY, ASTLEY L
17842 SW 88TH PLACE
MIAMI, FL 33157 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

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	MCKOY, ASTLEY	
Address:	17842 SW 88TH PLACE	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	BARNES, HURBERT	
Address:	925 NW 167 TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	TD	( ) Delete
Name:	BAILEY, GRACE A	
Address:	10324 FAIRWAY HEIGHTS BLVD.	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	MCKOY, LAURICE	
Address:	17842 SW 88 PLACE	
City-St-Zip:	MIAMI, FL 33157	
Title:	SD	( ) Delete
Name:	ADDERLEY, ADRIANNE	
Address:	11107 SW 200 ST	
City-St-Zip:	MIAMI, FL 33157	
Title:	D	( ) Delete
Name:	RAYMOND, PETRONA	
Address:	6466 SW 26TH ST	
City-St-Zip:	MIRAMAR, FL 33023	

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:	
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 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: ASTLEY MCKOY CD 04/29/2005

Electronic Signature of Signing Officer or Director — Date