


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90387 032 ****61.25

DOCUMENT # N02000005010	
1. Entity Name CIRCLE OF LOVE OF BROWARD, INC.	

Principal Place of Business 6761 SW 40TH STREET DAVIE FL 33314 US	Mailing Address 6761 SW 40TH STREET DAVIE FL 33314 US
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2. Principal Place of Business 9900 STIRLING ROAD	3. Mailing Address 9900 STIRLING RD
Suite, Apt. #, etc. STE 208	Suite, Apt. #, etc. STE 208
City & State Cooper City FL	City & State Cooper City FL
Zip 33024	Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 51-0415094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAIN, STEVEN M 6761 S.W. 40TH STREET DAVIE FL 33314	
7. Name and Address of New Registered Agent Name JACQUELINE PALERMO Street Address (P.O. Box Number is Not Acceptable) 10490 PARIS ST City Cooper City FL Zip Code 33024	

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 **Jacqueline Palermo** DATE **4-12-05**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAIN, STEVEN 6761 S.W. 40TH STREET DAVIE FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACQUELINE PALERMO 10490 PARIS ST COOPER CITY FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKARD, DREW 4705 NORTH 40TH STREET DAVIE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZELITT, TRACY 1846 NW 127TH AVE PEMBROKE PINES FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBIN STEPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARDZIK, JOAN 5985 UNIVERSITY DRIVE DAIVE FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNIFER LEWIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEO, JIM 10550 WEST STONE ROAD 84 LOT 297 DAVIE FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSCHAUER, RUBEN 6912 CYPRESS ROAD PLANTATION FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Jacqueline Palermo** DATE **4-12-05** DAYTIME PHONE # **954-583-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR