


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005400</b>	
1. Entity Name <b>AMERICANS LOVE LIVING, INC.</b>	

Principal Place of Business <b>804 CYPRESS BLVD SUITE 504 POMPANO BEACH FL 33069 US</b>	Mailing Address <b>804 CYPRESS BLVD SUITE 504 POMPANO BEACH FL 33069 US</b>
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2. Principal Place of Business - No P.O. Box # <b>804 Cypress Blvd</b>	3. Mailing Address <b>804 Cypress Blvd</b>
Suite, Apt. #, etc. <b># 504</b>	Suite, Apt. #, etc. <b>504</b>

City & State <b>Pompano Beach, Florida</b>	City & State <b>Pompano Beach</b>
Zip <b>33069</b>	Zip <b>33069</b>
Country <b>USA</b>	Country <b>USA</b>

	
1st MOORE	CR2E037 (10/06)
4. FEI Number <b>55-0789817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HEINRICH, CAROL ANN 804 CYPRESS BLVD. SUITE 504 POMPANO BEACH FL 33069</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 <i>Carol Ann Heinrich</i>	DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEINRICH, CAROL A 804 CYPRESS BLVD STE 504 POMPANO BCH FL 33061</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000612757 02/05/07-80013-001 61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLORESCUE, DAVID 30 MECHANIC STREET #3 WEBSTER MA 01570</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained in Section 119, 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: *Carol Ann Heinrich* **CAROL ANN HEINRICH**