## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # N0200008153  1. Entity Name LOVE INC OF BREVARD, INC.						05-08-2006	6 90287 04	17 ****6 <u>:</u>	1.25
	e of Business IA RIVER DRIVE BOUR BEACH, FL 32937 US	Mailing Address P.O. BOX 360182 MELBOURNE, FL 32936				ort or starting	inta nant eniet ere	<b>d</b> e de <b>nto d</b> il <b>et</b> esc	IN <b>a</b> l <b>a</b> l <b>Fla</b> l
	tace of Business ern Dale Aue	3. Mailing Address  PO Box 5  Suite, Apt. #, etc.	61152		112511121 60				
, ,		City & State			04132006 4. FEI Number	Chg-NP	CR2E03	7 (11/05)	plied For
City & State Melbourne, FL		Do aliladoa	FL	36-4512166				No	t Applicable
Zip 32935			Country ( )			of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current F	Registered Agent	Name	0 /		Address of New	Registered A	gent	
LLEWELLY	YN, R. HT COURT		Street A	Name Palmer Stiles  Street Address (P.O. Box Number is Not Acceptable)					
	RNE, FL 32935			3300 Aurora Rd					
			City	100 /	1	· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	е
8 The above	named entity submits this statement for	the purpose of changing its re			bourne				
	ions of registered agent.	the purpose of oranging nerv	<b>S</b> g.0.0.00 000 0	, ivgioio.	ad age/ii, e. ae.	,,	/ /		
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SIGNATURE.	Signature, typed or printed name of registered agent a	<u> </u>	Registered Agent signa				DATE		
SIGNATURE	Signature, typed or printed name of registered epent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	Registered Agent signa	uture required	\$5.00 May Be Added to Fees	Fi	Make check orlda Depart	ment of St	tate
10.	Signature, typed or printed name of registered eigent a Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	Registered Agent signal paign Financing ontribution.	Davider extraction	\$5.00 May Be Added to Fees	NGES TO OFFIC	orida Depart	ment of SI	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING OFFICER OR DIRECTOR	Cate	Daytime Phone #	
	Sylvia W. Bgrg	Sylvia W. Eppig	Treasurer	4/26/06 321-749-45	53