2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008153

Entity Name: LOVE INC OF BREVARD, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
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	IDALE AVE NE, FL 32935 US		
Current Mailing Address:		New Mailing Address:	
PO BOX 56 ROCKLED	31152 GE, FL 32956		
	e with s. 607.193(2)(b), F.S., the corporation did not receive	-	э.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
STILES, PA 3300 AURO MELBOUR			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
SIGNATUR	E:		
	Electronic Signature of Registered Agent		Date
OFFICERS	AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VP () Delete STILES, PALMER 3300 AURORA RD MELBOURNE, FL 32934	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	MD () Delete WALKER, DANIEL 443 COBBLE WOOD DR ROCKLEDGE, FL 32955	Title: Name: Address: City-St-Zip:	ED (X) Change () Addition WALKER, DANIEL 443 COBBLE WOOD DR ROCKLEDGE, FL 32955
Title: Name: Address: City-St-Zip:	PD () Delete KOERNER, DAVID 2939 SHEPARD DR ROCKLEDGE, FL 32955	Title: Name: Address: City-St-Zip:	D (X) Change () Addition OLSON, JOEL A 750 DINNER ST. NE PALM BAY, FL 32901
Title: Name: Address: City-St-Zip:	SD () Delete SCHROPE, MARK 8592 SYLVAN DR MELBOURNE, FL 32934	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SCHROPE, MARK 8592 SYLVAN DR MELBOURNE, FL 32934
Title: Name: Address: City-St-Zip:	TD () Delete EGGIG, SYLVIA 1478 WELLINGTON CIR ROCKLEDGE, FL 32955	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition EPPIG, SYLVIA 1478 WELLINGTON CIR ROCKLEDGE, FL 32955
Title: Name: Address: City-St-Zip:	D () Delete STILES, ROSE 3300 AURORA RD MELBOURNE, FL 32934	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LAVOIE, DONALD 2752 CHOCTAW DR MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SYLVIA EPPIG TD 05/02/2007