2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N02000008153

Entity Name: LOVE INC OF BREVARD, INC.

Current Principal Place of Business:

1619 FERNDALE AVE
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 561152
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 36-4512166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STILES, PALMER
3300 AURORA RD
MELBOURNE, FL 32934 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: VP ( ) Delete
Name: STILES, PALMER
Address: 3300 AURORA RD
City-St-Zip: MELBOURNE, FL 32934

Title: ED ( ) Delete
Name: WALKER, DANIEL
Address: 443 COBBLE WOOD DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: OLSON, JOEL A
Address: 750 DINNER ST. NE
City-St-Zip: PALM BAY, FL 32901

Title: PD ( ) Delete
Name: SCHROPE, MARK
Address: 8592 SYLVAN DR
City-St-Zip: MELBOURNE, FL 32934

Title: TD ( ) Delete
Name: EPPIG, SYLVIA W
Address: 1478 WELLINGTON CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: LAVOIE, DONALD
Address: 2752 CHOCTAW DR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: OLSON, JOEL A
Address: 750 DINNER ST. NE
City-St-Zip: PALM BAY, FL 32901

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BENEDICK, SARAH
Address: 2611 HOPI DR
City-St-Zip: 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 W EPPIG TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date