

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000114

Entity Name: PERFECT LOVE, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

1115 TARPON DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

855 SPIREA DRIVE
ROCKLEDGE, FL 32955

Current Mailing Address:

1115 TARPON DR
ROCKLEDGE, FL 32955

New Mailing Address:

P.O. BOX 560715
ROCKLEDGE, FL 32956

FEI Number: 81-0589593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLOVER, MICHELLE A
1115 TARPON DR
ROCKLEDGE, FL 32955

Name and Address of New Registered Agent:

GLOVER, MICHELLE A
855 SPIREA DRIVE
ROCKLEDGE, FL 32955

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: MICHELLE A. GLOVER

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: GLOVER, MICHELLE A
Address: 1115 TARPON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: V () Delete
Name: GLOVER, JOHN E M
Address: 1115 TARPON DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: GLOVER, PAIGE T
Address: 1115 TARPON DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: GLOVER, MICHELLE A
Address: 855 SPIREA DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: V (X) Change () Addition
Name: GLOVER, JOHN M
Address: 855 SPIREA DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: GLOVER, PAIGE T
Address: 855 SPIREA DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELLE A. GLOVER

PCEO

04/29/2004

Electronic Signature of Signing Officer or Director

Date