2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000796

FILED Apr 24, 2006 Secretary of State

Entity Name: OUR LOVING MOTHER'S FOUNDATION OF HOLLYWOOD, INC.

| Littly Nai | me. Our loving Mother 3 round | PATION OF HOLLTWOOD, INC. | | |
|---|--|---|--|--|
| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
| 1301 N. 66 HOLLYWC | OTH AVE. DOD, FL 33024 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| | 106TH AVENUE ION, FL 33322 | | | |
| FEI Number: | : FEI Number Applied For (|) FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and | Address of Current Registered Agen | nt: Name and Address o | f New Registered Agent: | |
| 1141 NW | ΓΑ, PASQUALE 106TH AVENUE ION, FL 33322 US | | | |
| | named entity submits this statement for e of Florida. | the purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered | d Agent | Date | |
| OFFICERS | S AND DIRECTORS: | ADDITIONS/CHANGI | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () Delete CHERNEGA, JULIE 9714 NW 24TH CT PEMBROKE PINES, FL 33024 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete KREZMEIN, LAWRENCE 600 N BIRCH ROAD FT LAUDERDALE, FL 33304 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete RUFFOLO, CHRISTINE 1279 SW 116TH WAY DAVIE, FL 33325 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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: PASQUALE COGNETTA MR 04/24/2006