2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N03000006621

Entity Name: POUCHES OF LOVE, INC.

Current Principal Place of Business:

6025 APPLE AVE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6025 APPLE AVE
COCOA, FL 32927

New Mailing Address:

FEI Number: 20-0215789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DP ( ) Delete
Name: MACLEOD, SHARON
Address: 6025 APPLE AVE
City-St-Zip: COCOA, FL 32927

Title: DV ( ) Delete
Name: MACLEOD, DAVID
Address: 6025 APPLE AVE
City-St-Zip: COCOA, FL 32927

Title: DS ( ) Delete
Name: PADILLA, NILLINE
Address: 6025 APPLE AVE
City-St-Zip: COCOA, FL 32927

Title: DT ( ) Delete
Name: RASMUSSEN, PALMA
Address: 6025 APPLE AVE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DT (X) Change ( ) Addition
Name: CLINGER, VIRGINIA
Address: 6025 APPLE AVE
City-St-Zip: COCOA, FL 32927

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: SHARON MACLEOD DP 04/28/2005

Electronic Signature of Signing Officer or Director — Date