2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N03000008794

Entity Name: LOVE FOR PERU FOUNDATION, INC.

Current Principal Place of Business:

1100 SHORTLINE DR
#219
GULF BREEZE, FL 32561

New Principal Place of Business:

1100 SHORELINE DR
#219
GULF BREEZE, FL 32561

Current Mailing Address:

1100 SHORTLINE DR
#219
GULF BREEZE, FL 32561

New Mailing Address:

1100 SHORELINE DR
#219
GULF BREEZE, FL 32561

FEI Number: 86-1086175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLIMANO, PIERO
1100 SHORELINE DR
#219
GULF BREEZE, FL 32561 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: D ( ) Delete
Name: SOLIMANO, PIERO
Address: 1100 SHORELINE DR #219
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: SOLIMANO, MAGALI
Address: 1100 SHORELINE DR #219
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: SHARRON, TOM
Address: 4115 SOUNDPOINTE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: FOLKERS, SPARKIE
Address: 2 FAIRPOINT PLACE
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: LINNE, JOYCE
Address: 4092 SOUNDPOINTE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

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

Title: D (X) Change ( ) Addition
Name: GRACE, KEVIN
Address: 601 PLANTATION HILL
City-St-Zip: GULF BREEZE, FL 32561

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: PIERO SOLIMANO CHAI 01/18/2008

Electronic Signature of Signing Officer or Director — Date