

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010723

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: LOVE PRIMITIVE ORGANIZATION INC.

## Current Principal Place of Business:

5625 SOUTH ORANGE BLOSSOM TRAIL #A  
ORLANDO, FL 32839

## New Principal Place of Business:

2475 SOUTH ORANGE BLOSSOM TRAIL  
STE A  
ORLANDO, FL 32805

## Current Mailing Address:

5625 SOUTH ORANGE BLOSSOM TRAIL #A  
ORLANDO, FL 32839

## New Mailing Address:

P O BOX 590192  
ORLANDO, FL 32859

FEI Number: 56-2421594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DULYSSE, JONATHAS G  
1617 WEST HOLDEN AVENUE  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

DULYSSE, JONATHAS G  
4608 TOWER PINE ROAD  
ORLANDO, FL 32839 US

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:

03/20/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DULYSSE, JONATHAS G  
Address: 1617 WEST HOLDEN AVE.  
City-St-Zip: ORLANDO, FL 32839

Title: VD ( ) Delete  
Name: ELSTON, ALETON  
Address: 4444 S. RIO GRANDE AVE.  
City-St-Zip: ORLANDO, FL 32839

Title: CD ( ) Delete  
Name: KERSAINT, ARIZANA  
Address: 4444 S. RIO GRANDE AVE.  
City-St-Zip: ORLANDO, FL 32839

Title: C ( ) Delete  
Name: ST VIL, GLADYS  
Address: 6660 BRICKELL CT  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DULYSSE, JONATHAS G  
Address: 4608 TOWER PINE ROAD  
City-St-Zip: ORLANDO, FL 32839

Title: VD (X) Change ( ) Addition  
Name: DELBA, WILBERT  
Address: 2475 SOUTH ORANGE BLOSSOM TRAIL STE A  
City-St-Zip: ORLANDO, FL 32805

Title: CD (X) Change ( ) Addition  
Name: BAPTIST, SHERRY N  
Address: 2475 SOUTH ORANGE BLOSSOM TRAIL STE A  
City-St-Zip: ORLANDO, FL 32805

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

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: JONATHAS G SULYSSE

PRES

03/20/2006

Electronic Signature of Signing Officer or Director

Date