

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 20, 2007
Secretary of State

DOCUMENT# N03000010723

Entity Name: LOVE PRIMITIVE ORGANIZATION INC.**Current Principal Place of Business:**2475 SOUTH ORANGE BLOSSOM TRAIL
STE A
ORLANDO, FL 32805**New Principal Place of Business:****Current Mailing Address:**P O BOX 590192
ORLANDO, FL 32859**New Mailing Address:****FEI Number:** 56-2421594**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DULYSSE, JONATHAS G
5428 ARPANA DRIVE
ORLANDO, FL 32839 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:** P () Delete
Name: DULYSSE, JONATHAS G
Address: 5428 ARPANA DRIVE
City-St-Zip: ORLANDO, FL 32839 O**Title:** VP () Delete
Name: DELVA, WILBERT
Address: 2475 SOUTH ORANGE BLOSSOM TRAIL STE A
City-St-Zip: ORLANDO, FL 32805 O**Title:** S () Delete
Name: YOTY, ZETRAINE SR
Address: 4670 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32839 O**Title:** T () Delete
Name: THEODORE, EDENER SR
Address: 4670 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32839 O**Title:** GD () Delete
Name: CHERY, JACKSON SR
Address: 6101 BLUE DUCK LANE APT. 21
City-St-Zip: ORLANDO, FL 32809 O**Title:** S () Delete
Name: DELICE, ONECK SR
Address: 5428 ARPANA DRIVE
City-St-Zip: ORLANDO, FL 32839 O**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: JN BAPTISTE, GASTON
Address: 2475 SOUTH ORANGE BLOSSOM TRAIL STE A
City-St-Zip: ORLANDO, FL 32805 O**Title:** S (X) Change () Addition
Name: DELICE, ONECK SR
Address: 5428 ARPANA DRIVE
City-St-Zip: ORLANDO, FL 32839 O**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: KING, ALTAGRACE A SR
Address: 13702 HAWKEYE DR.
City-St-Zip: ORLANDO, FL 32839 O

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: JONATHAS G. DULYSSE

P

11/20/2007

Electronic Signature of Signing Officer or Director

Date