2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# N04000001052

Entity Name: GENUINE LOVE, INC.

Current Principal Place of Business:

4859 NW 183RD ST
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 174086
MIAMI, FL 33017

New Mailing Address:

FEI Number: 65-1020633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, CHARLES
20048 N.W. 64TH PLACE
MIAMI, FL 33015 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: T ( ) Delete
Name: THOMPSON, JASMINE
Address: 20068 NW 69 PL
City-St-Zip: HIALEAH, FL 33015

Title: T ( ) Delete
Name: RUIZ, PEDRO JR
Address: 1965 W BAY DRIVE, #5
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD ( ) Delete
Name: THOMPSON, FRANCENIA
Address: 20048 N.W. 64TH PLACE
City-St-Zip: MIAMI, FL 33015

Title: PD ( ) Delete
Name: THOMPSON, CHARLES
Address: 20048 N.W. 64TH PLACE
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete
Name: THOMPSON, JANINE
Address: 20048 N.W. 64TH PLACE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: THOMPSON, CHARELLE
Address: 445 NW 4 ST. APT# 307
City-St-Zip: MIAMI, FL 33128

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

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

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: CHARLES W. THOMPSON PD 01/27/2006

Electronic Signature of Signing Officer or Director — Date