2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 18, 2007
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
4399 NW 64TH AVE
CORAL SPRINGS, FL 33067 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: FILIUS, LAKRISHAW D
Address: 3061 NW 187 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

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

Title: VD ( ) Delete
Name: THOMPSON, FRANCENIA
Address: 4399 NW 64TH AVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: PD ( ) Delete
Name: THOMPSON, CHARLES
Address: 4399 NW 64TH AVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S ( ) Delete
Name: MELTON, ANDRIA
Address: 3840 NW 170 STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ES (X) Change ( ) Addition
Name: FILIUS, LAKRISHAW D
Address: 3061 NW 187 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

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: CFO ( ) Change (X) Addition
Name: SHY, LOGAN
Address: 12835 NORTHWEST 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: LAKRISHAW FILIUS ES 06/18/2007

Electronic Signature of Signing Officer or Director — Date