


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N04000003598

1. Entity Name
LOVE A DOVE ENDEARMENT, INC.



Principal Place of Business
**6303 MERRIEWOOD DR
 ORLANDO, FL 32818**

Mailing Address
**6303 MERRIEWOOD DR
 ORLANDO, FL 32818**



04172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0505392

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JOHN L
 6303 MERRIEWOOD DR
 ORLANDO, FL 32818**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000725862
 05/03/07-80039-011 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, JOHN L 6303 MERRIEWOOD DR ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILLIAMS, CRYSTAL 6303 MERRIEWOOD DR ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WILLIAMS, TAURECA 6303 MERRIEWOOD DR ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John L. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 407-825-6204
Date Daytime Phone #