2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90030 020 ****61.25

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1. Entity Name
CHARITY & LOVE, INC.

Principal Place of Business	Mailing Address
1030 KALEY AVE ORLANDO, FL 32805	PO BOX 680965 ORLANDO, FL 32868

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. SUITE 205	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-2182031
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANSAR, BARBARA 2086 N. POWERS DR ORLANDO, FL 32818	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ANSAR, BARBARA 2086 N. POWERS DR. ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLEN, LATIFAH 2086 N POWERS DR. ORLANDO, FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAVERNE P. WILLIAMS 1741 PERCHWOOD LANE ORLANDO, FL 32818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS, BRIAN 1127 ROYAL ABERDEEN WAY ORLANDO, FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOGG, JANET 302 INGLE NOOK WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RIVERA, NEREIDA 590 NORTH SEMORAN BLVD SUITE 700 ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SYLVIA JONES P.O. BOX 608147 ORLANDO, FL 32860-8147	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, MAYOLA 213 S. CALHOUN AVE EATONVILLE, FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ESTHER WASHINGTON 5401 ROSE AVE ORLANDO, FL 32810	☐ Change ☒ Addition

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: _____ 1/21/08 4075955230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #