

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002312

FILED
May 08, 2009
Secretary of State

Entity Name: FLOWER OF LOVE FOUNDATION, INC.

Current Principal Place of Business:

5358 FOX BRIAR TRAIL
ORLANDO, FL 32808

New Principal Place of Business:

5629 MOAT CT.
ORLANDO, FL 32810

Current Mailing Address:

P.O. BOX 678173
ORLANDO, FL 328678173

New Mailing Address:

FEI Number: 20-2539217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NGUYEN, HUNG THINH
5629 MOAT CT.
ORLANDO, FL 32810 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: D () Delete
Name: VAN LE, PHU
Address: 5358 FOX BRIAR TRAIL
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: NGUYEN, HUNG THINH
Address: 5629 MOAT CT.
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: NGUYEN, TOAN
Address: 9933 DORIATH CIR.
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: LE, THU THI
Address: 5358 FOX BRIAR TRAIL
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: NGUYEN HUNG THINH

D

05/08/2009

Electronic Signature of Signing Officer or Director

Date