2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # N05000003577 1. Entity Name MOVING LOVE FOR WORLD PEACE, INC.						7 90221 001 ****	61.25	
Principal Place of Business 3820 GULF BLVD STE #1206 ST PETE BEACH, FL 33706 Mailing Address 3820 GULF BLVD STE #120 ST PETE BEACH, FL 33706 ST PETE BEACH, FL 33706								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4, FFI Number	20-8878	/,60 	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of		See Require		
	6. Name and Address of Current	Registered Agent	Nome	7. Name and A	ddress of New I	Registered Agent		
DOBRZYNSKI BAKER, LUCILLE L 3820 GULF BLVD STE #1206 ST PETE BEACH, FL 33706				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip C∞	le	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of trigistered agent.			registered agent, or both,	in the State of Fl	lorida. I am familiar with	, and accept	
						DAIL		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees		Make check payable t rida Department of S		
10.	Due by May 1, 2007 OFFICERS AND DI	Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable t	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	Trust Fund C	paign Financing entribution.	\$5.00 May Be Added to Fees	FIO NGES TO OFFICE	Make check payable to rida Department of SERS AND DIRECTORS IN Change	tate √ 10	
TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DI D DOBRZYNSKI BAKER, LUCILLE 3820 GULF BLVD STE #1206	Trust Fund C	paign Financing ontribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHAP D Beckman, Pat	Floores TO OFFICE	Make check payable to rida Department of SERS AND DIRECTORS IN Change	tate √ 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DI D DOBRZYNSKI BAKER, LUCILLE 3820 GULF BLVD STE #1206	Trust Fund Co	paign Financing ontribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAP D Beckman, Pat 6065 Migiel I D Schraeder, Lu 2608 75th Str	Floores TO OFFICE	Make check payable to rida Department of SERS AND DIRECTORS IN Change	tate 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DI D DOBRZYNSKI BAKER, LUCILLE 3820 GULF BLVD STE #1206	Trust Fund Co	paign Financing ontribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAP D Beckman, Pat 6065 Migiel I D Schraeder, Lu 2608 75th Str	Floores TO OFFICE	Make check payable to rida Department of SERS AND DIRECTORS IN Change Typer, MI 4912	tate √ 10 √ Addition 2.5 √ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DI D DOBRZYNSKI BAKER, LUCILLE 3820 GULF BLVD STE #1206	Trust Fund Co	paign Financing ontribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAP D Beckman, Pat 6065 Migiel I D Schraeder, Lu 2608 75th Str	Floores TO OFFICE	Wake check payable to rida Department of SERS AND DIRECTORS IN Change Tyer, MI 4912 Change	tate √ 10 √ Addition 2.5 ✓ Addition ✓ 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07-727-3633569

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000003577 1. Entity Name MOVING LOVE FOR WORLD PEACE, INC. ATTACHMENT Principal Place of Business Mailing Address 40084100 3820 GULF BLVD STE #1206 3820 GULF BLVD STE #1206 ST PETE BEACH, FL 33706 ST PETE BEACH, FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 03292007 CR2E037 (12/06) Cha-NP Applied For City & State City & State 4. FFI Number 20-8878469 Not Applicable Žip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOBRZYNSKI BAKER, LUCILLE L Street Address (P.O. Box Number is Not Acceptable) 3820 GULF BLVD STE #1206 ST PETE BEACH, FL 33706 City 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition Delete HITLE TITLE DOBRZYNSKI BAKER, LUCILLE L NAME NAME Beckman, Pat 3820 GULF BLVD STE #1206 STREET ADDRESS STREET ADDRESS 6065 Migiel Lane, Sawyer, MI 49125 CITY-ST-ZIP CITY - ST - ZIP ST PETE BEACH, FL 33706 TETLE Delete TITLE ☐ Change **Addition** Schraeder, Lucille NAME NAME STREET ADDRESS STREET ADDRESS 2608 75th Street CITY-ST-7IP CITY-ST-ZIP Kenosha, WI 53146 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; 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. 4-20-07-727-3633569)a SIGNATURE