2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N05000003577 1. Entity Name **FILED** Sep 05, 2008 08:00 AM Secretary of State MOVING LOVE FOR WORLD PEACE, INC. Principal Place of Business Mailing Address 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. 2nd MOORE CR2E037 (4/08) City & State City & State 4. FEI Number Applied For 20-8878469 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBRZYNSKI BAKER, LUCILLE L Street Address (P.O. Box Number is Not Acceptable) 3820 GULF BLVD STÉ #1206 ST PETE BEACH FL 33706 Zip Code City 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typicd or printed panie of my sterod agent and title if unphicable. (NOTE: Registered Agent signaline reduced when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 3, 2008 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TILLE ☐ Delete THE Change Addition DOBRZYNSKI BAKER, LUCILLE L NAME NAME 3820 GULF BLVD STE #1206 STREET ADDRESS STREET ADDRESS U00000959108 ST PETE BEACH FL 33706 09/05/08-80002-013 61.25 CITY+ ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BECKMAN, PAT NAME NAME STREET ADDRESS 6065 MIGIEL LANE STREET ADDRESS SAWYER MI 49125 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME SCHRAEDER, LUCILLE 2608 75TH STREET STREET ADDRESS STREET ADDRESS NEW BERLIN WI 53146 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Adottion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CiTY-ST-ZiP TITLE Delete TITLE Change ■ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

2. 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 eath; that I am an efficer 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: Lucille La Jobssynski Bake