


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N05000005061 |  |
| 1. Entity Name MEMORIES OF LOVE FOUNDATION, INC. | |

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| Principal Place of Business C/O GOTTLIEB & ASSOCIATES 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257 | Mailing Address C/O GOTTLIEB & ASSOCIATES 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257 |
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/08)

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|---|-------------------------------|
| 4. FEI Number 13-4298184 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ROTHSTEIN, SIMON D ESQ
ADAMS ROTHSTEIN & SIEGEL PA
4417 BEACH BLVD SUITE 104
JACKSONVILLE, FL 32207**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000778786 01/11/08-80011-013 61.25 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANDWORTH, HENRI 229 ROYAL TERN ROAD NORTH PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOTTLIEB, MELVIN 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DRINKWATER, J. MICHAEL 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257 |
| 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: MELVIN GOTTLIEB 1/5/08 (904) 346-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #