2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000005548

FILED Jun 11, 2008 Secretary of State

Entity Name: LOVEME CHILDREN'S FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 422 LASOLONA DRIVE 130 BRIDLE PATH ARCADIA, FL 34266 ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** PO BOX 244 130 BRIDLE PATH ARCADIA, FL 34265 ARCADIA, FL 34266 FEI Number: 20-4972833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINCENT A. SICA, P.A. 10 SOUTH DESOTA AVE STE 101 ARCADIA, FL 34266 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WUTHRICH, AMY R FILLINGIM, TRAMPUS H PRES. Name: Name: 422 LASOLONA DRIVE Address: 130 BRIDLE PATH Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: Title: **VPRE** () Change (X) Addition () Delete Name: Name: LACAVA, JOE F V PRES Address: Address: REYNOLDS ROAD City-St-Zip: City-St-Zip: ARCADIA, FL 34266 Title: () Delete Title: SEC () Change (X) Addition ALBRITTON, GREG SEC Name: Name: 3326 NE APPALOOSA STREET Address: Address: City-St-Zip: City-St-Zip: ARCADIA, FL 34266 () Change (X) Addition Title: () Delete Title: TREA ROBERSON, LINDA V TREAS Name: Name: 510 HIGH STREET Address: Address: City-St-Zip: City-St-Zip: WAUCHULA, FL 33873 Title: () Delete Title: **VPRE** () Change (X) Addition TORRES, MIGUEL A V PRES Name: Name: 2330 REDSTONE AVE Address: Address: City-St-Zip: City-St-Zip: NORTH PORT, FL 34288

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: TRAMPUS H FILLINGIM **PRES** 06/11/2008