2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N06000011836

Entity Name: LLOSS INC.

Current Principal Place of Business:

2425 CRANE COURT
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

PO BOX 702504
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 20-5850375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMILEY, MARCY
2425 CRANE COURT
ST. CLOUD, FL 34771 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:	P	( ) Delete
Name:	SMILEY, MARCY	
Address:	2425 CRANE COURT	
City-St-Zip:	ST. CLOUD, FL 34770	
Title:	VP	( ) Delete
Name:	COURTNEY, MARIA	
Address:	6298 BROSTOL CHANNEL WAY	
City-St-Zip:	ORLANDO, FL 32829	
Title:	T	( ) Delete
Name:	GASSERT, DEANNA	
Address:	2720 AMANDA KAY WAY	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	RS	( ) Delete
Name:	LOCHNER-PRALL, CHERI	
Address:	5235 JONES RD	
City-St-Zip:	ST. CLOUD, FL 34772	
Title:	H	( ) Delete
Name:	SAMPSON, GINNY	
Address:	1422 HIDDEN OAKS BEND	
City-St-Zip:	ST. CLOUD, FL 34771	
Title:	CS	( ) Delete
Name:	WRIGHT, MELISSA	
Address:	6460 HICKORY TREE RD	
City-St-Zip:	ST. CLOUD, FL 34772	

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:	
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: MARCY SMILEY P 04/25/2007

Electronic Signature of Signing Officer or Director — Date