

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012799

FILED  
Jul 04, 2007  
Secretary of State

Entity Name: MY BELOVED'S HOUSE, INC.

## Current Principal Place of Business:

2859 SW 127TH AVE  
MIRAMAR, FL 33027 US

## New Principal Place of Business:

17305 NW 7TH ST  
PEMBROKE PINES, FL 33029 US

## Current Mailing Address:

2859 SW 127TH AVE  
MIRAMAR, FL 33027 US

## New Mailing Address:

PO BOX 694251  
MIAMI, FL 33269 US

FEI Number: 77-0670604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LEVASSEUR, DONNA  
2859 SW 127TH AVE  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

LEVASSEUR, DONNA  
17305 NW 7TH ST  
PEMBROKE PINES, FL 33029 US

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: DONNA LEVASSEUR

07/04/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEVASSEUR, DONNA  
Address: 2859 SW 127TH AVE  
City-St-Zip: MIRAMAR, FL 33027 US

Title: OFFI ( ) Delete  
Name: WESTERBAND, LYVIE  
Address: 7520 CORAL BLVD  
City-St-Zip: MIRAMAR, FL 33023 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEVASSEUR, DONNA  
Address: 17305 NW 7TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: DONNA LEVASSEUR

P

07/04/2007

Electronic Signature of Signing Officer or Director

Date