

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90103 019 \*\*\*\*61.25

<b>DOCUMENT # N07000000566</b> 1. Entity Name LOVE ALL THE CHILDREN INC.																																																																																																																													
Principal Place of Business 135 ANCHOR DRIVE VERO BEACH, FL 32963			Mailing Address 135 ANCHOR DRIVE VERO BEACH, FL 32963																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number <i>applied for</i>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent  VEROLA, MARINA E 135 ANCHOR DRIVE VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VEROLA, MARINA E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>135 ANCHOR DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VERO BEACH, FL 32963</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRESSINGER, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16940 SW 46 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34481</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VILLALBA, NIEVES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9372 JASMINE FLOWER LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32832</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VEROLA, MICHAEL A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>135 ANCHOR DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VERO BEACH, FL 32963</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	VEROLA, MARINA E		STREET ADDRESS	135 ANCHOR DRIVE		CITY-ST-ZIP	VERO BEACH, FL 32963		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	PRESSINGER, SUSAN		STREET ADDRESS	16940 SW 46 STREET		CITY-ST-ZIP	OCALA, FL 34481		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	VILLALBA, NIEVES		STREET ADDRESS	9372 JASMINE FLOWER LANE		CITY-ST-ZIP	ORLANDO, FL 32832		TITLE	D	<input type="checkbox"/> Delete	NAME	VEROLA, MICHAEL A		STREET ADDRESS	135 ANCHOR DRIVE		CITY-ST-ZIP	VERO BEACH, FL 32963		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																																											
NAME	VEROLA, MARINA E																																																																																																																												
STREET ADDRESS	135 ANCHOR DRIVE																																																																																																																												
CITY-ST-ZIP	VERO BEACH, FL 32963																																																																																																																												
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	PRESSINGER, SUSAN																																																																																																																												
STREET ADDRESS	16940 SW 46 STREET																																																																																																																												
CITY-ST-ZIP	OCALA, FL 34481																																																																																																																												
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	VILLALBA, NIEVES																																																																																																																												
STREET ADDRESS	9372 JASMINE FLOWER LANE																																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 32832																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	VEROLA, MICHAEL A																																																																																																																												
STREET ADDRESS	135 ANCHOR DRIVE																																																																																																																												
CITY-ST-ZIP	VERO BEACH, FL 32963																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
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.																																																																																																																													
<b>SIGNATURE:</b> <i>Marina E Verola</i> <span style="float: right;">4/15/08 (772) 2319793</span>																																																																																																																													