2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N07000004555

Entity Name: LOVING LASTING MEMORIES/MEMOIRS FOUNDATION, INC.

Current Principal Place of Business:

1545 NW 179 AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 827291
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 20-8974939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, PHYLLIS A
1545 NW 179 AVENUE
PEMBROKE PINES, FL 33029 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: PRES ( ) Delete
Name: WILSON, PHYLLIS A
Address: P.O. BOX 827291
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: BRD ( ) Change (X) Addition
Name: HOLLO, ABBE WAYNE
Address: 2480 S.W. 115TH. TERR.
City-St-Zip: DAVIE, FL 33325 US

Title: BRD ( ) Change (X) Addition
Name: GILLETTE, TIMOTHY
Address: 1230 N.W.99TH. AVE.
City-St-Zip: PLANTATION, FL 33322 US

Title: BRD ( ) Change (X) Addition
Name: BRAITHWAITE, SYLVESTER CARLA
Address: 16876 N.E. 19TH.AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33762 US

Title: A.TR ( ) Change (X) Addition
Name: BROWN, DEBORAH
Address: 1440 S.W. 171TH. TERR
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: SEC ( ) Change (X) Addition
Name: MOSLEY, STEVE JACKIE
Address: 2807 ARCADIA DRIVE
City-St-Zip: MIRAMAR, FL 33023 US

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: PHYLLIS WILSON PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date