2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008
Secretary of State

DOCUMENT# N07000011037

Entity Name: THE ROSA LOVES PROJECT, INC.

Current Principal Place of Business:

146 NESMITH AVE.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

146 NESMITH AVE.
ST. AUGUSTINE, FL 32084

New Mailing Address:

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

FRETTO, MICHAEL D
146 NESMITH AVE.
ST. AUGUSTINE, FL 32084 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: D ( ) Delete
Name: FRETTO, MICHAEL
Address: 205 B STREET, APT. B
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S ( ) Delete
Name: WESTROPP, KELLY
Address: 871 WEST 13TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: DEAN, JEREMY
Address: 16 MANHATTAN, APT. #3
City-St-Zip: BROOKLYN, NY 11206

Title: D ( ) Delete
Name: COMEE, LESTER
Address: 426 CAMELIA TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: FRETTO, DANIEL
Address: 4081 CARLYLE LAKES BLVD.
City-St-Zip: PALM HARBOR, FL 34685

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:

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: MICHAEL DANIEL FRETTO D 06/12/2008
Electronic Signature of Signing Officer or Director — Date