## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010888

5489 FIRE ISLAND DRIVE

City-St-Zip: LAS VEGAS, NV 89120

Address:

FILED Apr 29, 2009 Secretary of State

| Entity Na                                   | me: LOVE EN   | NTERPRISES INC                |   | •   |  |
|---|---|-------------------------------|---|---|--|
| Current P                                   | rincipal Place  | e of Business:                | New Principal Place                         | New Principal Place of Business:            |  |
|   | A PLAYA STR<br>LUCIE, FL 34                           |                               |   |   |  |
| Current N                                   | lailing Addre   | ss:                           | New Mailing Address                         | New Mailing Address:                        |  |
|   | A PLAYA STR<br>LUCIE, FL 34                           |                               |   |   |  |
| FEI Number                                  | : 26-3793482  | FEI Number Applied For ( )    | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )           |  |
| Name and                                    | Address of (  | Current Registered Agent:     | Name and Address o                          | f New Registered Agent:                     |  |
| The above in the State                      | e of Florida.   | 98 US                         | e purpose of changing its registered        | d office or registered agent, or both,      |  |
| SIGNATUI                                    |   | nic Signature of Registered A | Vaont                                       | <br>Date                                    |  |
| OFFICERS AND DIRECTORS:                     |   |                               |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | CEO (<br>CASSINARI, LO<br>350 NW LA PL<br>PORT ST LUC | AYA STREET                    | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | COO (<br>CASSINARI, JI<br>350 NW LA PL<br>PORT ST LUC | AYA STREET                    | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                     |  |
| Title:                                      | CCO (   | ) Delete                      | Title:                                      | ( ) Change ( ) Addition                     |  |

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.

Address:

City-St-Zip:

SIGNATURE: LORI CASSINARI CEO 04/29/2009