

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08072

FILED
Apr 27, 2007
Secretary of State

Entity Name: LOVE A CHILD, INC.

Current Principal Place of Business:

4475 CORPORATE SQ
NAPLES, FL 34104 US

New Principal Place of Business:

9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33569 US

Current Mailing Address:

4475 CORPORATE SQ
NAPLES, FL 34104 US

New Mailing Address:

9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33569 US

FEI Number: 59-2672303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNETTE, SHARYN LEE
4475 CORPORATE SQ.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

BURNETTE, SHARYN LEE
9304 CAMDEN FIELD PKWY
RIVERVIEW, FL 33569 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:

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURNETTE, SHARYN LEE,
Address: 4475 CORPORATE SQ.
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: BURNETTE, ROBERT BERRY
Address: 4475 CORPORATE SQ.
City-St-Zip: NAPLES, FL 34104

Title: STD () Delete
Name: OSTRANDER, EVIE
Address: 100 EMERSON DRIVE, N.W.
City-St-Zip: PALM BAY, FL

Title: D () Delete
Name: SMITH, SANDRA
Address: 4475 CORPORATE SQ.
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: OSTRANDER, MARK
Address: 100 EMERSON DR., N.W.
City-St-Zip: PALM BAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURNETTE, SHARYN LEE,
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33569

Title: VD (X) Change () Addition
Name: BURNETTE, ROBERT BERRY
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33569

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

Title: D (X) Change () Addition
Name: SMITH, SANDRA
Address: 9304 CAMDEN FIELD PKWY
City-St-Zip: RIVERVIEW, FL 33569

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: SHARYN LEE BURNETTE

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date