

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005054

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** LOVEYLOAVES INC.

**Current Principal Place of Business:**

1180 CHAMBORD CT.  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

1180 CHAMBORD CT.  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 45-2415704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, WARD A  
1180 CHAMBOARD CT  
ORLANDO, FL 32825 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  
Name: WELLS, CHERILYN M  
Address: 1180 CHAMBORD CT  
City-St-Zip: ORLANDO, FL 32825

Title: D  
Name: WELLS, WARD A  
Address: 1180 CHAMBORD CT.  
City-St-Zip: ORLANDO, FL 32825

Title: D  
Name: ZHANG, DENISE  
Address: 11600 MENDEL DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: D  
Name: LABRACHE, DANIEL  
Address: 1129 BUIST  
City-St-Zip: ORLANDO, FL 32829

Title: D  
Name: RATINER, ANDREW  
Address: 1129 BUIST  
City-St-Zip: ORLANDO, FL 32829

I hereby 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 all other like empowered.

**SIGNATURE:** CHERI WELLS

D

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date