

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34072

FILED
Apr 10, 2009
Secretary of State

Entity Name: LOVE IS FOR ETERNITY, INC.

Current Principal Place of Business:

7511 LITTLE RD., BUILDING C, SUITE B
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

4107 CITRUS DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2982612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOONE, GAYLE H.
4107 CITRUS DRIVE
NEW PORT RICHEY, FL 34652 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: VPD () Delete
Name: PANARIELLO, BOB
Address: 6814 INDIANA AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34632

Title: PD () Delete
Name: HOONE, GAYLE
Address: 4107 CITRUS DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: PANARIELLO, ANN
Address: 6814 INDIANA AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34632

Title: D () Delete
Name: STEGEMANN, ROBERT
Address: 1970 S. CHAMBERLAIN BLVD.
City-St-Zip: NORTH PORT, FL 34286

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:

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: GAYLE HOONE

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date