2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# N49350

Entity Name: AGAPE LOVE, INC.

Current Principal Place of Business:

3764 N.W. 2ND STREET
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2820 N.W. 18TH COURT
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0326136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTHEWS, FRANK D.
3764 NW 2 ST
FT LAUDERDALE, FL 33311 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: CAMPBELL, EDDYE M
Address: 3861 NW 5 ST
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete
Name: FAIR, CHESTER
Address: 3764 NW. 2 STREET
City-St-Zip: FORT LAUDERDALE, FL

Title: D ( ) Delete
Name: HALL, RONALD
Address: 3764 N.W. 2 STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: MATTHEWS, FRANK
Address: 3764 NW 2STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: SEAFUR, WILLIE
Address: 310 LONG ISLAND AVE.
City-St-Zip: FORT LAUDERDALE, FL 33311

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 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: EDDYE M. CAMPBELL DIR. 03/30/2007
Electronic Signature of Signing Officer or Director — Date