2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N96000000933

Entity Name: LOVE OUR CHILDREN, INC.

Current Principal Place of Business:

2942 WILLOW BEND
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 711
DUARTE, CA 91010 US

New Mailing Address:

FEI Number: 59-3305575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURMAN, BETTY E
2942 WILLOW BEND
ORLANDO, FL 32808 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: PD ( ) Delete
Name: WALTON, BETTY
Address: 879 SAN MARCUS LN.
City-St-Zip: DUARTE, CA 91010

Title: SD ( ) Delete
Name: TURMAN, BETTY
Address: 2942 WILLOW BEND
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete
Name: WILLIAMS, LINDA
Address: 5214 BERKSHIRE WY.
City-St-Zip: MONTCLAIR, CA 91763

Title: VD ( ) Delete
Name: MILLER, MICHELE
Address: 317 SETTLERS RD.
City-St-Zip: UPLAND, CA 91786

Title: AD ( ) Delete
Name: CONELY, NAZARETH
Address: 12015 LAKELAND #212
City-St-Zip: SANTA FE SPRINGS, CA 90670

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 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: BETTY WALTON PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date