


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005535 1. Entity Name LOVE IN ACTION, INC.	
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Principal Place of Business 13710 MADISON ST MIAMI, FL 33176	Mailing Address 13710 MADISON ST MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

FILED
 05 SEP 28 11:30 AM '05
 SECRETARY OF
 TREASURY
 TALLAHASSEE, FL



09092005 No Chg-NP		CR2E037 (10/03)
4. FEI Number 65-0865097	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

MITCHELL, ADONNAS
 13710 MADISON ST
 MIAMI, FL 33176

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MITCHELL, ADONNAS
STREET ADDRESS	13710 MADISON ST
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	T
NAME	MITCHELL, HERRIETTA
STREET ADDRESS	13710 MADISON ST
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	D
NAME	SIMMONS, BELINDA
STREET ADDRESS	13610 MONROE ST
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

300060202313
 10/04/05--01008--006 **61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adonnas Mitchell 9-23-05 305-389-7997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Adonnas Mitchell