

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90138 003 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
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| <b>DOCUMENT # N99000004862</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>1. Entity Name</b><br><b>LEARNING OBSERVED VICTORIOUSLY EVERDAY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>Principal Place of Business</b><br>5543 PENTAIL CIR.<br>TAMPA, FL 33625                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                            | <b>Mailing Address</b><br>L.O.V.E.<br>P.O. BOX 340467<br>TAMPA, FL 33694-0467                                                           |                                                                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <b>3. Mailing Address</b><br>L.O.V.E.                                                      |                                                                                                                                         |                                                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Suite, Apt. #, etc.<br>P.O. Box 340403                                                     |                                                                                                                                         |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | City & State<br>Tampa, FL                                                                  |                                                                                                                                         | <b>4. FEI Number</b><br>59-3598436                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Country<br>33694-0403 Hillsborough                                                         |                                                                                                                                         | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SIMMONS, RUSSELL B<br>3704 GREENFORD ST.<br>VALRICO, FL 33694                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>FILE NOW! FEE IS \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PDC<br>CRESPO, HATTIE<br>6543 PENTAIL CIRCLE<br>TAMPA, FL 33625       | <input type="checkbox"/> Delete                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VDM<br>CRESPO, SIDNEY<br>6543 PENTAIL CIRCLE<br>TAMPA, FL 33625       | <input type="checkbox"/> Delete                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CLARK, MARISOL<br>2225 131 ST AVE, APT. 2003<br>TAMPA, FL 33612  | <input type="checkbox"/> Delete                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>VICKERS, ROSA V<br>2225 131 ST AVE, APT. 2003<br>TAMPA, FL 33612 | <input type="checkbox"/> Delete                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>FLOWERS, CYNTHIA<br>2527 CHERRY STREET<br>TAMPA, FL 33607        | <input type="checkbox"/> Delete                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AD<br>Gayle Fernandez<br>5704 MIAMI AVE<br>TAMPA, FL 33604            |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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.</b> |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <b>SIGNATURE:</b> <u>Hattie Crespo</u> <u>Hattie Crespo, 5/1/03 813-265-4127</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                            |                                                                                                                                         |                                                                                                                   |  |

CR2E037 (10/02)