2006 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # P00000107335 1. Entity Name WORK AT HOME AND LOVE IT GROUP, INC.						04-24-2006	90388 00	<i>3</i> ***150).00
Principal Place of Business 4504 SUMMER COVE DRIVE EAST STE 224 SARASOTA, FL 34243-4973 Mailing Address 4504 SUMMER COVE DRIVE E SARASOTA, FL 34243-4973				ST STE 224					
2. Principal Place of Business 2706 Goodwood Court 2706 Goodwood C				purt					
Suite, Apt. #, etc. Suite, Apt. #, etc.					03182006	Chg-P	CR2E0	34 (11/05)	
City & State Sarasota, FL Sarasota, FL				4. FEI Number Applied For 65-1057022 Not Applicable					
34235-	0963 Country Zip 34235-0963 US		Count		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current I		7. Name and	Address of New R	Registered A	gent			
DEMAY, DANIEL J				Nате					
1819 MAIN STREET STE 1100 SARASOTA, FL 34236-5999				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	
The phone gamed entity submits this statement for the purpose of changing its register.				<u> </u>			FL		
 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
			11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS				E Et address	2706 Goods	Address change) Addition (706 Goodwood Court			
CITY-ST-ZIP			-	-ST-ZIP	Sarasota,	FL 34235		Terr o	
TITLE NAME	DVPT Delete TITL DEMAY, DANIEL J				(Address change)				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		2706 Goodwood Court Sarasota, FL 34235-0963			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. SI							Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	E ET ADORESS -ST-ZIP		***************************************	V3 t	☐ Change	☐ Addition
	certify that the information cupolind with					Clarida Ctatutan I			

r nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is 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 placifier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking in with an address, with all other like empowered.

SIGNATURE:

Daniel J. DeMay

03/20/06 Date

941-957-3800 Daytime Phone #