2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# P01000089659

Entity Name: THE REAL LOVE DIPLOMATS, INC.

Current Principal Place of Business:

1174 WHISPERING WINDS CT
APOPKA, FL 32703

New Principal Place of Business:

4003 POINT REYES CT
ORLANDO, FL 32817

Current Mailing Address:

1174 WHISPERING WINDS CT
APOPKA, FL 32703

New Mailing Address:

4003 POINT REYES CT
ORLANDO, FL 32817

FEI Number: 59-3747184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLOURDE, JASON A
1174 WHISPERING WINDS CT
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

PLOURDE, JASON A
210 NORTH GLENWOOD AVE
ORLANDO, FL 32803 US

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: _____ 04/11/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: EASTOCK, JEFFERY R
Address: 1009 GAMMAGE POINT
City-St-Zip: OVIEDO, FL 32765

Title: DP ( ) Delete
Name: PEARCE, JOHN M JR
Address: 4003 POINT REYES CT
City-St-Zip: ORLANDO, FL 32817

Title: DT ( ) Delete
Name: PLOURDE, JASON A
Address: 1174 WHISPERING WINDS CT
City-St-Zip: APOPKA, FL 32703

Title: DV ( ) Delete
Name: WAGGANER, MICHAEL A
Address: 209 NORTH GLENWOOD
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: PLOURDE, JASON A
Address: 210 NORTH GLENWOOD AVE
City-St-Zip: ORLANDO, FL 32803

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON A PLOURDE DT 04/11/2005
Electronic Signature of Signing Officer or Director — Date