2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062078

Entity Name: SOULMATES FOREVER INC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3962/3958 N.W. PINE ISLE RD 3962/3958 N.W. PINE ISLAND RD MATLACHA, FL 33993 US MATLACHA, FL 33993 US

Current Mailing Address: New Mailing Address:

3962/3958 N.W. PINE ISLE RD 3962 N.W. PINE ISLAND RD MATLACHA, FL 33993 US MATLACHA, FL 33993 US

FEI Number: 83-0360001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPOBIANCO, NICOLE L
1707 S.E. VAN LOON TERRACE
CAPE CORAL, FL 33990 US

TOSCANO, STACIE L
3692 NW PINE ISLAND RD
MATLACHA, FL 33993 U

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: STACIE L TOSCANO 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete

 Name:
 TOSCANO, DOMINICK

 Address:
 3962/3958 N.W. PINE ISLE RD

City-St-Zip: MATLACHA, FL 33993 US

 Title:
 VS
 () Delete

 Name:
 TOSCANO, STACIE L

 Address:
 P.O. BOX 98

City-St-Zip: MATLACHA, FL 33993

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition

Name: TOSCANO, STACIE
Address: 3962 N.W. PINE ISLAND RD
City-St-Zip: MATLACHA, FL 33993 US

Title: SEC (X) Change () Addition

Name: TOSCANO, STACIE L
Address: 3962 NW PINE ISLAND RD
City-St-Zip: MATLACHA, FL 33993

Title: PRES () Change (X) Addition

 Name:
 PEER, CURT W

 Address:
 1714 SW 15TH AVE

 City-St-Zip:
 CAPE CORAL, FL 33991

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

SIGNATURE: STACIE LEE TOSCANO PRES 04/29/2008