2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071494

Entity Name: LOVINGER ENTERPRISES, INC.

FILED Jul 01, 2004 Secretary of State

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

425 LOCH DEVON DRIVE 425 LOCH DEVON DRIVE LUTZ, FL 33548 LUTZ, FL 33548 US

Current Mailing Address: New Mailing Address:

425 LOCH DEVON DRIVE 425 LOCH DEVON DRIVE LUTZ, FL 33548 US

FEI Number: 56-2373957 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US LEE T LOVINGER 425 LOCH DEVON DRIVE LUTZ, FL 33548 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: LEE T LOVINGER 07/01/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LOVINGER, LEE T

Address: 425 LOCH DEVON DRIVE City-St-Zip: LUTZ, FL 33548

Title: VD () Delete
Name: LOVINGER, PATRICIA A
Address: 425 LOCH DEVON DRIVE

City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition

Name: LOVINGER, LEE T
Address: 425 LOCH DEVON DRIVE
City-St-Zip: LUTZ, FL 33548 US

Title: VD (X) Change () Addition

Name: LOVINGER, PATRICIA A
Address: 425 LOCH DEVON DRIVE
City-St-Zip: LUTZ, FL 33548 US

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: LEE T LOVINGER PSTD 07/01/2004