2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

Principal Place of Business 1973 SI M ALEGER STREET PORT ST. LUCIE, FL 34953 2. Principal Place of Business 1973 Y SW MORE-TAIN 1873 Y SW MORE-TAIN 1874 Y SW MORE-TAIN 1975 Y SW MORE-TA	DOCUMENT # P03000124263 1. Entity Name LOVING HEARTS CARING FRIENDS, INC.						04-18-2005 9	0326 015 *	**150.	00	
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A. Name and Address of Current Registered Agent TAYLOR, MAXINE TAYLOR, MAXINE TAYLOR, MAXINE TOP ORT ST LUCIE, FL 34963 8. The above named entire submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. FILE NOMITI: FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 10. OPHICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NOMITI: FEE 19 \$150.00 Addition TAYLOR, MAXINE TAYLOR, MAXINE TOWN AND THE TOWN	Suite, Apt. #, etc.				•	01162005	Chg-P	CR2E034 ((10/03)		
S. Name and Address of Current Registered Agent TAYLOR, MAXINE 1781 SW ALEGRE STREET PORT ST. LUCIE, FL 34953 S. The above pared entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FL ZgCotte TL ZgCotte TL ZgCotte The above pared entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE TAYLOR, MAXINE THE MAKE SITEST MORESS TITLE SD DESTRETATIONS SITEST MORESS TITLE SD DESTRETATIONS DESTRETATIONS SITEST MORESS TITLE SD DESTRETATIONS SITES WARGER ST. DOR'S J. PD ORT ST. LUCIE, FL 34953 DESTRETATIONS SITEST MORESS TITLE SD DESTRETATIONS SITEST MORESS TITLE SD DESTRETATIONS SITEST MORESS TITLE SITES WARGER ST. DOR'S J. PD ORT ST. LUCIE, FL 34953 DESTRETATIONS SITEST MORESS TITLE SITES WARGER ST. DOR'S J. PD ORT ST. LUCIE, FL 34953 DESTRETATIONS SITEST MORESS TITLE SITES WARGER ST. DOR'S J. PD ORT ST. LUCIE, FL 34953 DESTRETATIONS SITEST MORESS TITLE SITES MORESS TITLE SD DESTRETATIONS SITES MORESS TITLE SITES MORESS TITLE SD DESTRETATIONS SITES MORESS TITLE SD DESTRETATIONS SITES MORESS TITLE SITES MORES TITLE SITES MORESS TITLE	City & State PORT STLUCTE, FL PORT ST LUCT				r				No	t Applicable	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature FILE NOWNIT FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE NAME TAYLOR, MAXINE TAYLOR, MAXINE TAYLOR, MAXINE TAYLOR, MAXINE TOP STREET ADDRESS CITY-ST-ZP PORT ST. LUCIE, FL 34963 Debte TITLE NAME STREET ADDRESS CITY-ST-ZP Debte TITLE NAME TRES SD Debte TITLE NAME STREET ADDRESS CITY-ST-ZP TOP SAINT LUCIE, FL 34963 Debte TITLE NAME STREET ADDRESS CITY-ST-ZP Debte TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDR	PORT ST. LUCIE, FL 34953				<u> </u>						
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with arranderss, with all other like empowered.

| Modified | Modified

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR