2007 FOR PROFIT CORPORATION

May 02, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P03000142592 1. Entity Name LORI LOVEBERRY GEORGE, INC. Principal Place of Business Mailing Address 3424 WINTON AVENUE 3424 WINTON AVENUE SARASOTA, FL 34234 SARASOTA, FL 34234 02142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1714392 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEORGE, LORI LOVEBERRY DO NOT WRITE 3424 WINTON AVENUE SARASOTA, FL 34234 IN THIS SPACE 8.1 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GEORGE, LORI LOVEBERRY NAME 3424 WINTON AVENUE STREET ADDRESS SARASOTA, FL 34234 CITY-ST-ZIP VP GEORGE, MICHAEL NAME 3424 WINTON AVE STREET ADDRESS CITY - ST - ZIP SARASOTA, FL 34234 MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby 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 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 tradee 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

SIGNATURE:

STREET ADDRESS

CITY-SI-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP

Davlime Phone #

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