2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P04000035876

Entity Name: 834 LOVELL BLDG., INC.

Current Principal Place of Business:

840 NE 20 AVE
FT LAUDERDALE, FL 333043036

New Principal Place of Business:

840 NE 20 AVE
FT LAUDERDALE, FL 333043036 US

Current Mailing Address:

840 NE 20 AVE
FT LAUDERDALE, FL 333043036

New Mailing Address:

840 NE 20 AVE
FT LAUDERDALE, FL 333043036 US

FEI Number: 20-0768655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELL, ROSE ANN
840 NE 20 AVE
FT LAUDERDALE, FL 333043036 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: LOVELL, ROSEANN
Address: 840 NE 20 AVE
City-St-Zip: FT LAUDERDALE, FL 333043036

Title: CD ( ) Delete
Name: LOVELL, R. O
Address: 840 NE 20 AVE
City-St-Zip: FT LAUDERDALE, FL 333043036

Title: VDT ( ) Delete
Name: LOVELL, HAROLD B
Address: 840 NE 20 AVE
City-St-Zip: FT LAUDERDALE, FL 333043036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VDT (X) Change ( ) Addition
Name: LOVELL, H B
Address: 840 NE 20 AVE
City-St-Zip: FT LAUDERDALE, FL 333043036

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: ROSE ANN LOVELL PDS 01/14/2008

Electronic Signature of Signing Officer or Director — Date