


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000159310</b> 1. Entity Name <b>GARDELOVE, INC.</b>	
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Principal Place of Business 3093 NW 43RD AVE APT 109 LAUDERDALE LAKES FL 33313	Mailing Address 3093 NW 43RD AVE APT 109 LAUDERDALE LAKES FL 33313
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE      CR2E034 (10/06)

4. FEI Number **20-3876932**      Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  <b>CLEMENTE, FRANCISCO A</b> <b>3033 N.W. 43RD AVENUE, APT. #109</b> <b>LAUDERDALE LAKES FL 33313</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May E  
 Trust Fund Contribution:       Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVTS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLEMENT, FRANCISCO A			NAME			
STREET ADDRESS	3033 NW 43RD AVE APT 109			STREET ADDRESS			
CITY ST ZIP	LAUDERDALE LAKES FL 33313			CITY ST ZIP			

U00000609891  
02/01/07-80068-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 an address, with all other like empowered.

SIGNATURE: *Francisco A. Clemente*      Date: 1-25-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #