

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-04-2007 90196 001 ***300.00

DOCUMENT # P06000063128 1. Entity Name LOVING HEARTS, INC.			
Principal Place of Business 926 NE 8TH AVENUE GAINESVILLE, FL 32601		Mailing Address 2820 NE 17TH TERRACE GAINESVILLE, FL 32609	
2. Principal Place of Business - No P.O. Box # 15 SE 10th Street		3. Mailing Address Suite, Apt. #, etc.	
City & State Gainesville, FLA.		City & State	
Zip 32609	Country Alachua	Zip	Country
4. FFL Number 51-0585486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATES, C. VALENTINE 1511 NW 6TH STREET GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Shirley A. Green Street Address (P.O. Box Number is Not Acceptable) 2820 NE 17th Terrace Gainesville, FL 32609 City FL Zip Code	
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 <u><i>Shirley A. Green</i></u>		DATE 4/11/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREEN, JOHNNY D 15 SE 10TH STREET GAINESVILLE, FL 32601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREEN, SHIRLEY A 15 SE 10TH STREET GAINESVILLE, FL 32601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u><i>Shirley A. Green</i></u>		DATE April 1, 2007	