

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083630

Entity Name: LOVETT'S FOSTER CARE, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

2250 NW 172ND TERRACE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

2033 SW 117TH AVENUE
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 76-0834281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVETT, ROBIN L
2033 SW 117TH AVENUE
MIRAMAR, FL 33025 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LOVETT, MICHAEL N
Address: 2033 SW 117TH AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: LOVETT, ROBIN L
Address: 2033 SW 117TH AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: DIRE () Delete
Name: SPENCER, SELINA
Address: 173 N.W. 30 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBIN L. LOVETT

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date