

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011721

Entity Name: I LOVE MY MIN PIN INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

512 DESERT OAK DR.
PENSACOLA, FL 32514

New Principal Place of Business:

9775 QUAIL HOLLOW CT
PENSACOLA, FL 32514

Current Mailing Address:

512 DESERT OAK DR.
PENSACOLA, FL 32514

New Mailing Address:

9775 QUAIL HOLLOW CT
PENSACOLA, FL 32514

FEI Number: 45-0554247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, ANTHONY
512 DESERT OAK DR.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

ALLEN, ANTHONY
9775 QUAIL HOLLOW CT
PENSACOLA, FL 32514 US

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: ANTHONY ALLEN

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ALLEN, ANTHONY
Address: 512 DESERT OAK DR.
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: ALLEN, ANTHONY
Address: 512 DESERT OAK DR.
City-St-Zip: PENSACOLA, FL 32514

Title: VP/D () Delete
Name: ALLEN, JACQUELINE
Address: 512 DESERT OAK DR.
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: ALLEN, JACQUELINE
Address: 512 DESERT OAK DR.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALLEN, ANTHONY
Address: 9775 QUAIL HOLLOW CT
City-St-Zip: PENSACOLA, FL 32514

Title: T (X) Change () Addition
Name: ALLEN, ANTHONY
Address: 9775 QUAIL HOLLOW CT
City-St-Zip: PENSACOLA, FL 32514

Title: VP/D (X) Change () Addition
Name: ALLEN, JACQUELINE
Address: 9775 QUAIL HOLLOW CT
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Change () Addition
Name: ALLEN, JACQUELINE
Address: 9775 QUAIL HOLLOW CT
City-St-Zip: PENSACOLA, FL 32514

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: ANTHONY ALLEN

P/D

03/24/2009

Electronic Signature of Signing Officer or Director

Date