

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000098881

1. Entity Name  
TRELAIN HOUSE OF LOVE INC



Principal Place of Business  
2230 TRELAIN DRS  
ST PETERSBURG, FL 33712

Mailing Address  
2230 TRELAIN DRS  
ST PETERSBURG, FL 33712

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BERTHELOT, LINDA  
2230 TRELAIN DRS  
ST PETERSBURG, FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
- Trust Fund Contribution.

\$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	P.S. BERTHELOT, LINDA 2230 TRELAIN DRS ST PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date Daytime Phone #

Daytime Phone #

3.

**FILED  
Apr 16, 2008 8:00 am  
Secretary of State**

03-28-2008 90026 038 \*\*\*150.00

66006843



03072008 Chg-P CR2E034 (12/06)

4. FEI Number  
26-0873186

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required