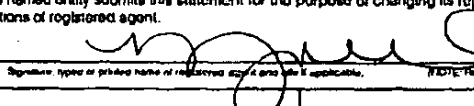
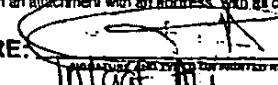


2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/5

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-05-2008 90244 043 ***150.00

DOCUMENT # P07000099447					
1. Entity Name LOVE PACKAGING, INC.					
Principal Place of Business 1425 AGUACATE CT. ORLANDO, FL 32837			Mailing Address 1425 AGUACATE CT. ORLANDO, FL 32837		
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	4. FEI Number 26-0846359	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NAGEL, MERIDETH C 953 10TH STREET CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 450 East Hwy 50, Suite 4 City: Clermont FL Zip Code: 34511	
8. This 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:  Merideth Nagel 4/30/08 Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing.) Date					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00		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 ALI, INTAAF 1425 AGUACATE CT. ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  Ali Intaaf Signature typed or printed name of officer or director			Date: 04/30/08 407-704-0500		