2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012511

City-St-Zip:

Entity Name: LUV 2 LIVE TRAVEL, INC.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
6017 PINE PMB 331	E RIDGE ROA)		
	FL 34119			
Current Mailing Address:		New Mailing Address:		
PMB 331	E RIDGE ROAI FL 34119)		
	r: 26-1906335	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:
720 GOOI		R D N, SUITE 203 JS		
	e named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (BERMAN, MAT 5355 CORAL N NAPLES, FL (WOOD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (BERMAN, SET 4560 5TH AVE NAPLES, FL (NUE SW	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	,) Delete	Title: Name:	() Change () Addition
Address: City-St-Zip:	BERMAN, CAF 5355 CORAL NAPLES, FL	WOOD DRIVE	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.

City-St-Zip: NAPLES, FL 34119

SIGNATURE: CARRIE L. BERMAN S 01/29/2009