2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P08000012511

Entity Name: LUV 2 LIVE TRAVEL, INC.

Current Principal Place of Business:

6017 PINE RIDGE ROAD
PMB 331
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

6017 PINE RIDGE ROAD
PMB 331
NAPLES, FL 34119

New Mailing Address:

FEI Number: 26-1906335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER & WESTERFER
720 GOODLETTE ROAD N, SUITE 203
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BERMAN, MATTHEW D
Address: 5355 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete
Name: BERMAN, SETH
Address: 4560 5TH AVENUE SW
City-St-Zip: NAPLES, FL 34119

Title: S ( ) Delete
Name: BERMAN, CARRIE L
Address: 5355 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: T ( ) Change (X) Addition
Name: BERMAN, CARRIE L
Address: 5355 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

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: CARRIE L. BERMAN S 01/29/2009

Electronic Signature of Signing Officer or Director — Date