2007 FOR PROFIT CORPORATION ANNUAL REFORT

Jan 18, 2007 08:00 AM DOCUMENT # P95000097554 **Secretary of State** R. LOVETT BROKERAGE, INC. Principal Place of Business Mailing Address 1317 W BUSCH BLVD 6991 SW 35TH AVE TAMPA, FL 33612 US BUSHNELL, FL 33513 No Cha-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3350962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOVETT, RICHARD J JR. DO NOT WRITE 1317 W BUSCH BLVD TAMPA, FL 33612 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 TITLE LOVETT, RICHARD J JR. NAME STREET ADDRESS 1317 W BUSCH BLVD My of the first of the first of the first of the first of the CITY-ST-ZIP TAMPA, FL 33612 ------ U00000591139-----NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 | 752 \565 1801

FILED