2008 FOR PROFIT CORPORATION

FILED Jan 25, 2008 08:00 A ANNUAL REPORT **Secretary of State DOCUMENT # P95000097554** R. LÓVETT BROKERAGE, INC. Principal Place of Business Mailing Address 6991 SW 35TH AVE 1317 W BUSCH BLVD TAMPA, FL 33612 US BUSHNELL, FL 33513 US 01072008 No Cha-P CR2E034 (11/05) 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 and the state of t DO NOT WRITE LOVETT, RICHARD J JR. 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. (NOTE: 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, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LOVETT, RICHARD J JR. NAME www.uning.com/97915 1317 W BUSCH BLVD STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 01/30/08-80007-022 150:00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE The state of the first of the safety NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or a state of the co