
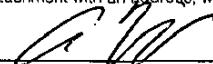


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90522 013 ***150.00

DOCUMENT # F02000003684			
1. Entity Name LOVELACE SCIENTIFIC RESOURCES, INC.			
Principal Place of Business 7400 NORTH KENDALL DR., STE. 404 MIAMI, FL 33156		Mailing Address 7400 NORTH KENDALL DR., STE. 404 MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address 2425 RIDGECREST DR. SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ALBUQUERQUE, NM	
Zip		Zip 87108	
Country		Country USA	
4. FEI Number 85-0357767		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH ST. MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C RUBIN, ROBERT 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURLESON, TESS 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECONOMON, PETER MD 5400 GIBSON BLVD. SE ALBUQUERQUE, NM 80718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECONOMOU, PETER 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWIEST, MELVIN MD 975 EAST 3RD ST. CHATTANOOGA, TN 37403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWIEST, MEL 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARX, PAT 2425 RIDGECREST DR SE ALBUQUERQUE, NM 87108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARX, PAT 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COALSON, JUDY 2425 RIDGECREST DR SE ALBUQUERQUE, NM 87108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OHRN, LINDA 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CONNIE 2425 RIDGECREST DR SE ALBUQUERQUE, NM 87108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAUGRAND, LEE 2425 RIDGECREST DR. SE ALBUQUERQUE, NM 87108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 04/26/05 Daytime Phone #: 505-348-9383	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50045638



ATTACHMENT

50045638

LOVELACE SCIENTIFIC RESOURCES, INC.
ATTACHMENT TO 2005 FL FOR PROFIT CORPORATION
ANNUAL REPORT
DOCUMENT # F02000003684

ADDITIONS TO OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWELL, RICK 2425 RIDGECREST DR SE ALBUQUERQUE, NM 87108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JACKIE 2425 RIDGECREST DR SE ALBUQUERQUE, NM 87108