2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

1. Entity Nar	IMENT # P17097 LOVADE, INC.	•			3	ecretary of S
108 CAVASI	NA DRIVE	failing Address 108 CAVASINA DRIVE CANONSBURG, PA 15317	us		7 37 107 1173 11877 21873 7211 1	EST BILLI BIRIN OLSH BIRIN SIGNI BIRIN KAN
	OO NOT WRITE II		THIS SPACE 03182005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 153-1242514 5. Certificate of Status Desired \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE Dose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
1200 S. P. PLANTAT	ORATION SYSTEM INE ISLAND ROAD ION, FL 33324 a named entity submits this statement for the		ed office or r	IN	THIS SI	PACE
the obligation	tions of registered agent. Signature, typed or printed name of registered agent and title	il applicable (NOTE Registered	d Agent signature			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 7 rust Fund Contribution		Election Campaign Finan Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DELLOVADE, ARMAND C R.D. 2 CANNONSBURG, PA SD DELLOVADE, PETER J 190 ROSCOMMON PLACE MCMURRAY, PA	ÇTORS .			00001 04/19/05	00314895 5-80012-020 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELLOVADE, DENNIS 439 ROBINSHOOD LANE MCMURRAY, PA V RILEY, PATRICK L 2 ASPEN DRIVE				O NOT W	
TITLE NAME	D FERRIS, RICHĀRD		Out o sepage and delicated	and the state of t	cul program i cul philippi i	

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:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1150 OLD POND ROAD

BRIDGEVILLE, PA 15017

Hand C Dellowle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR