2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # N020,00002058 1. Entity Name LITTLE OCEAN PLACE, INC.			Ŕ				008 90062 030 **	**61.25
Principal Place of Business 1501 NE OCEAN BLVD STUART, FL 34996		Mailing Address 2074 W. INDIANTOWN RD #200 JUPITER, FL 33458		400	61742			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				831 8 11811 8.8113 8.2111	BANTA BETAN BENIE HABIT BENIET ETATE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-NP	CR2E037 (12/06)
City & State		City & State		4. FEI Number 59-1662		⊢	Applied For Not Applicable	
Zip Country		Zip Cou		try	5. Certificate of	f Status Desire	\$8.75	dditional
	6. Name and Address of Current I	Registered Agent			7. Name and A	Address of Nev	w Registered Agent	
				Name				
CORNETT, JANE ESQ. CORNETT, GOOSE & ASSOC. P.A. 401 W. OSCEOLA ST.			Street Address		(P.O. Box Number	is Not Accepte	able)	
STUART, F								
				City			FL Zip C	ode
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	d office or regist	ered agent, or both	, in the State of	l Florida. I am familiar wi	th, and accept
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered A	Agent signature requir	ed when reinstating)		DATE	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Fin	nancing	\$5.00 May Be Added to Fees		DATE Make check payable lorida Department of	
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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 617, 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.

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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

(561) 747 - 5505