


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 030 ***158.75

DOCUMENT # P0000033157	
1. Entity Name LITTLE FRIENDS SCHOOLHOUSE, INC.	

Principal Place of Business 6145 ABBOTT STATION DR ZEPHYRHILLS, FL 33542	Mailing Address 6145 ABBOTT STATION DR ZEPHYRHILLS, FL 33542
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3636117	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLOMAN, ADELE L 10347 OLD TAMPA BAY DR SAN ANTONIO, FL 33576	Name <i>Holloman, Adele L</i>
	Street Address (P.O. Box Number is Not Acceptable)
	<i>13219 Tradition Dr</i>
	City <i>Dade City</i> FL Zip Code <i>33525</i>

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 *Adele L. Holloman* *Adele L Holloman* *2-1-06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLOMAN, ADELE 10347 OLD TAMPA BAY DR SAN ANTONIO, FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Holloman, Adele L</i> <i>13219 Tradition Dr</i> <i>Dade City, FL 33525</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLOMAN, JOSEPH W 10347 OLD TAMPA BAY DR SAN ANTONIO, FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Holloman, Joseph W</i> <i>13219 Tradition Dr</i> <i>Dade City, FL 33525</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Adele L Holloman* *Adele L. Holloman P* *2-1-06* *813-782-8468*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #