


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000063427
 1. Entity Name
 LITTLE HANDS ON LEARNING, INC



Principal Place of Business 10715 NW 58TH STREET C-12 MIAMI, FL 33178	Mailing Address 10715 NW 58TH STREET C-12 MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



08232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1118259	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

MAIZEL, MINDY
 10715 NW 58TH STREET
 C-12
 MIAMI, FL

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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAIZEL, MINDY 10715 NW 58TH STREET C-12 MIAMI, FL 33178
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 08/23/08-80002-011-150.00

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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: Mindy Maizel - Mindy Maizel 8/25/08 305-718-3652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #