

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072662

Entity Name: LILI'S BOUTIQUE INC

FILED  
Apr 22, 2007  
Secretary of State

**Current Principal Place of Business:**

12850 56TH N ST  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

12850 56TH N ST  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

FEI Number: 34-2003178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LITTLE, JRISULI  
12850 56TH N ST  
TEMPLE TERRACE, FL 33617 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LITTLE, JRISULI  
Address: 5309 RAINBOW DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VP ( ) Delete  
Name: LITTLE, RAYMOND T  
Address: 5309 RAINBOW DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JRISULI LITTLE

PRES

04/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date