2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 12, 2008 8:00 am Secretary of State DOCUMENT # P06000092279 05-12-2008 90028 026 ***150.00 1. Entity Name LITTLE RISING STARS, INC Principal Place of Business Mailing Address BOX 2173 BOX 2173 VERO BEACH, FL 32961 VERO BEACH, FL 32961 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 04292008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-5206285 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWITT, STUART 3333 W COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) 110 FT LAUDERDALE, FL 33309 City Zip Code FL 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. 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition ALKAYALY, SALLY NAME NAME STREET ADDRESS BOX 2173 STREET ADDRESS VERO BEACH, FL 32961 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME ALKAYALY, AHMAD **BOX 2173** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32961 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP. TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ER OR DIRECTOR

FILED

Daytime Phane #