


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90042 031 ***150.00

DOCUMENT # P07000018096
 1. Entity Name
LITTLE MOOSE-GDA CORP.



Principal Place of Business Mailing Address
 1662 N US HIGHWAY ONE SUITE B 1662 N US HIGHWAY ONE SUITE B
 JUPITER FL 33469 JUPITER FL 33469



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **20-8579108** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E PARK AVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's print name required when transferring))

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPT <input type="checkbox"/> Delete
NAME	FINDLAY, KATHERINE D
STREET ADDRESS	1662 N US HIGHWAY ONE SUITE B
CITY-ST-ZIP	JUPITER FL 33469
TITLE	VT <input type="checkbox"/> Delete
NAME	MAGNANO, MARY-ELLEN
STREET ADDRESS	1662 N US HIGHWAY ONE SUITE B
CITY-ST-ZIP	JUPITER FL 33469
TITLE	V <input type="checkbox"/> Delete
NAME	O'NEIL, JOHN
STREET ADDRESS	1285 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY 10019-6064
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *J. Lawrence*
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/3/08 561-748-7255
Date Date/Time