

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376193

Entity Name: LI'L SAINTS FOODS, INC.

FILED  
Jan 30, 2006  
Secretary of State

## Current Principal Place of Business:

ROUTE 707, RIO  
JENSEN BCH., FL 349588057

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 1057  
JENSEN BEACH, FL 349581057

## New Mailing Address:

FEI Number: 59-1311771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TIMON, LAWRENCE J  
ST. RD 707 RIO  
STUART, FL 33494 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: PD ( ) Delete  
Name: TIMON, LAWRENCE J,  
Address: 1393 NW COCOANUT PT RD  
City-St-Zip: STUART, FL

Title: TD ( ) Delete  
Name: PAWLAK, CHERI M  
Address: PO BOX 1664  
City-St-Zip: JENSEN BEACH, FL 34958

Title: D ( ) Delete  
Name: GROSE, SLATER,  
Address: 511 MANOR DR  
City-St-Zip: STUART, FL

Title: VPS ( ) Delete  
Name: TIMON, GAY,  
Address: 1393 NW COCOANUT PT RD  
City-St-Zip: STUART, FL

Title: D ( ) Delete  
Name: JOHNSTON, NAN,  
Address: 1005 SUMNER AVE.  
City-St-Zip: JENSEN BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VS (X) Change ( ) Addition  
Name: TIMON, GAY,  
Address: 1393 NW COCOANUT PT RD  
City-St-Zip: STUART, FL

Title: D (X) Change ( ) Addition  
Name: JOHNSTON, NANCY,  
Address: 1005 SUMNER AVE.  
City-St-Zip: JENSEN BEACH, FL

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: LAWRENCE J TIMON

PD

01/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date