

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 376193

Entity Name: LI'L SAINTS FOODS, INC.

FILED
Jan 08, 2007
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 ()

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:

GAYNELL TIMON
ST. RD 707 RIO
JENSEN BEACH, FL 34957 US

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: GAYNELL TIMON

01/08/2007

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: D (X) Change () Addition
Name: JOHNSTON, NANCY,
Address: 1005 SUMNER AVE.
City-St-Zip: JENSEN BEACH, FL 34957

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: GAYNELL TIMON

PD

01/08/2007

Electronic Signature of Signing Officer or Director

Date