2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Secretary of State 01-18-2007 90097 017 ****61.25 **DOCUMENT #725020** 1. Entity Name LITTLE ACORNS, INCORPORATED 00000---Principal Place of Business Mailing Address CAPE CORAL LIBRARY, 921 SW 39TH TERR. P.O. BOX 152471 CAPE CORAL, FL 33915-2471 US CAPE CORAL, FL 33914 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 23-7236422 Applied For 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 Name NELSON, KATHRYN Street Address (P.O. Box Number is Not Acceptable) 4521 SW 2ND AVE CAPE CORAL, FL 33914 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to П Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME SCHALLER, MARCY NAME STREET ADDRESS 3226 SW 7TH AVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITI F VD ☐ Delete TITLE Change Addition Slaton, Nellie NAME SLATON, NELLIE NAME 4402 S.E. 13+LA re STREET ADDRESS 4402 S.E. 13TH AVE STREET ADDRESS FL 33904 CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change ☐ Addition WOODBURN, BEVERLY NAME NAME STREET ADDRESS 153 SW 49TH ST STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MADDALENA, MARIA NAME NAME 1403 MOHAWK PKY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NELSON, KATHRYN NAME STREET ADDRESS 4521 SW 2ND AVE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP

FILED Jan 18, 2007 8:00 am

Cape Coral FL 33914 12. I hereby certify that the information supplied with this filing 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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Maurer camille 4805 SW 13th Ave

Change

Addition

SIGNATURE:	y Mlson	Kathryn i	Nelson	1/15/07	239-540-179
/ SIGNATURE AND	PED OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date	Daytime Phone #
	,,				