


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000003792 1. Entity Name LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING, INC.		
Principal Place of Business 5815 WESTPARK DR. CHARLOTTE, NC 28217	Mailing Address 5815 WESTPARK DR. CHARLOTTE, NC 28217	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LITTLE, WILLIAM B 5815 WESTPARK DR. CHARLOTTE, NC 28217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCMAHAN, W E 5815 WESTPARK DR. CHARLOTTE, NC 28217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTTNER, PHILLIP A 5815 WESTPARK DR. CHARLOTTE, NC 28217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MCGARRY, JAMES L 5815 WESTPARK DR. CHARLOTTE, NC 28217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOMISIN, JOHN A 5815 WESTPARK DRIVE CHARLOTTE, NC 28217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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 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 life empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> John C. Komisin		04/20/06 704/525-6350 <small>Date Daytime Phone #</small>



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0884622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/05/06-80047-015 150.00

**DO NOT WRITE
IN THIS SPACE**