


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000003792</b>	
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
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000674756 04/03/07-80050-014 150.00
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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	

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

**SIGNATURE:**  **March 23, 2007 704/525-6350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**John C. Komisin**