


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90082 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003575

1. Corporation Name
THE LITTLEFIELD GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5108 CRIMSON KING COURT MEDIAN OH 44256	Mailing Address 5108 CRIMSON KING COURT MEDIAN OH 44256
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3. Date Incorporated or Qualified 06/23/1998	
4. FEI Number APPLIED FOR 34-1868115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7474 WADSWORTH RD.	2a. Mailing Address 26 7474 WADSWORTH RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MEDINA, OH	City & State 28 MEDINA, OH
Zip 24 44256	Country 25 USA
Zip 29 44256	Country 30 USA

9. Name and Address of Current Registered Agent	
LITTLEFIELD, J. SCOTT 644 GENEVA PLACE TAMPA FL 33606	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *Scott Littlefield* DATE: **1-6-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PC LITTLEFIELD, J. SCOTT
STREET ADDRESS	5108 CRIMSON KING COURT
CITY-ST-ZIP	MEDIAN OH 44256
TITLE	<input type="checkbox"/> DELETE
NAME	ST COSTANZO, ANGELA
STREET ADDRESS	5108 CRIMSON KING COURT
CITY-ST-ZIP	MEDIAN OH 44256
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LITTLEFIELD, J. SCOTT
1.3 STREET ADDRESS	7474 WADSWORTH RD.
1.4 CITY-ST-ZIP	MEDINA, OH 44256
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COSTANZO, ANGELA
2.3 STREET ADDRESS	7474 WADSWORTH RD.
2.4 CITY-ST-ZIP	MEDINA, OH 44256
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott Littlefield* DATE: **1-6-99** DAYTIME PHONE #: **330-725-0811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)