## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 16, 2004 8:00 am Secretary of State

DOCUMENT # G15571  1. Entity Name LITTLE MOOSE CORPORATION					07-16-2004 90012 025 ***150.00					
Principal Place of Business % GRAND DETOUR ASSOCIATES 1001 NORTH US HIGHWAY ONE, SUITE 506 JUPITER, NY 33477		Mailing Address % GRAND DETOUR ASSOCIATES 1001 NORTH US HIGHWAY ONE, SUITE 506 JUPITER, NY 33477					10629			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07122004	Chg-P	CR2E03	34 (10/03)		
City & State Jupiter, FL		City & State  Jupiter, FL		4. FEI Numbe 13-314					plied For t Applicable	
. Zip Country		-Zip= - Country		÷	5. Certificate	of Status Desired		\$8.75 Add		
6. Name and	Address of Current Regis	stered Agent			7. Name and	Address of New F				
NRAI SERVICES INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			Name Street A	Name  Street Address (P.O. Box Number is Not Acceptable)						
		City				FL	Zip Code	 9		
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										
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees						In accordance corporation did	with s. 607. not receive	193(2)(b), the prior r	F.S., the notice.	
10.	OFFICERS AND DIRE		11.	1	ADDITIONS/	CHANGES TO OF	ICERS AND			
	THERINE D.W. IIGHWAY ONE, #506 33477	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Man 1001 Jup	v-Ellen M N. US Hig iter, FL	agnano hway One 33477	, <b>#5</b> 06	☐ Change	Addition	
í rainn	N J. THE AMERICAS NY 100196064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
NAME WOLFE, PAT STREET ADDRESS CITY-ST-ZIP JUPITER, FL	IIGHWAY ONE, #506	Delete	NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
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12. I hereby certify that the in	ormation supplied with this	filing does not qualify for the	exemption sta	ted in Se	ction 119.07(3)(	), Florida Statutes.	I further cert	ify that the in	nformation	

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Horida 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04 - 561-748-9253

Daytime Phone #