


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90036 046 ***150.00

DOCUMENT # G15571	
1. Entity Name LITTLE MOOSE CORPORATION	

Principal Place of Business % GRAND DETOUR ASSOCIATES 1001 NORTH US HIGHWAY ONE, SUITE 506 JUPITER, FL 33477	Mailing Address % GRAND DETOUR ASSOCIATES 1001 NORTH US HIGHWAY ONE, SUITE 506 JUPITER, FL 33477
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2. Principal Place of Business 1662 N. U.S. Highway One Suite B Jupiter FL 33469	3. Mailing Address 1662 N. U.S. Highway One Suite B Jupiter FL 33469
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01252006	Chg-P CR2E034 (11/05)
4. FEI Number 13-3142163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINDLAY, KATHERINE D.W. 1001 N. US HIGHWAY ONE, #506 JUPITER, FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEIL, JOHN J. 1285 AVE OF THE AMERICAS NEW YORK, NY 100196064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGNANO, MARY-ELLEN 1001 N. US HIGHWAY ONE, #506 JUPITER, FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATHERINE DW FINDLAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1662 N. U.S. Highway One, Suite B Jupiter, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARY-ELLEN MAGNANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1662 N. U.S. Highway One Suite B Jupiter FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Mary-ellen Magnano</u>	1/25/06 561-748-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #