

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J19761

1. Entity Name
MARTY LITTLE ASSOCIATES, INC.



FILED

Mar 19, 2005 08:00 AM
Secretary of State

Principal Place of Business
888 NORTH FIG TREE LANE
PLANTATION, FL 33317

Mailing Address
888 NORTH FIG TREE LANE
PLANTATION, FL 33317

03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2698972	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LITTLE, MARTIN V.C.
888 FIG TREE LANE
PLANTATION, FL 33317

DO NOT WRITE
IN THIS SPACE

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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME LITTLE, MARTIN V.C.
STREET ADDRESS 888 N FIG TREE LN
CITY-ST-ZIP PLANTATION, FL

TITLE SD
NAME LITTLE, JANET L.
STREET ADDRESS 888 N. FIG TREE LANE
CITY-ST-ZIP PLANTATION, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3/19/05 3005-009 150.00

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IN THIS SPACE

12. 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 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

3-12-05 935.0122
305. Daytime Phone #