


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # J77046 1. Entity Name LITTLE FARM PROPERTIES, INC.	
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Principal Place of Business 8500 BISCAYNE BLVD MIAMI FL 33138	Mailing Address P.O. BOX 189-15821 DAMASCUS OH 44619
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

4. FEI Number 59-2829953	Applied For Not Applied
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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	7. Name and Address of New Registered Agent
ROCKMAN, LOUIS M. 8500 SW 92 ST SUITE 106 MIAMI FL 33156	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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	
NAME	SCHAUFELE, JACK	NAME	
STREET ADDRESS	P.O. BOX 189 15821 DANBURY	STREET ADDRESS	UD00000245001
CITY- ST- ZIP	DAMASCUS OH 44619	CITY- ST- ZIP	02/28/05-80009-001 150.00
TITLE	TD <input type="checkbox"/> Delete	TITLE	
NAME	SCHAUFELE, NANCY	NAME	
STREET ADDRESS	P.O. BOX 189 15821 DANBURY	STREET ADDRESS	
CITY- ST- ZIP	DAMASCUS OH 44619	CITY- ST- ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	
NAME	SCHAUFELE, NANCY	NAME	
STREET ADDRESS	P.O. BOX 189 15821 DANBURY	STREET ADDRESS	
CITY- ST- ZIP	DAMASCUS OH 44619	CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	
NAME	EDMONDS, EDWIN	NAME	
STREET ADDRESS	3050 N.E. 39TH ST.	STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL 33308	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Schaufele Nancy Schaufele 2/22/05 330-537-3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #