


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

03-27-2006 90278 018 ***150.00

DOCUMENT # J77046
1. Entity Name
LITTLE FARM PROPERTIES, INC.



Principal Place of Business: **8500 BISCAYNE BLVD MIAMI FL 33138**
Mailing Address: **P.O. BOX 189-15821 DAMASCUS OH 44619**



2. Principal Place of Business: **1964 5th Ct. SE**
Suite, Apt. #, etc.

3. Mailing Address: _____
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: **Vero Beach Fla**
City & State: _____

Zip: **32962** Country: **USA**
Zip: _____ Country: _____

4. FEI Number: **59-2829953**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROCKMAN, LOUIS M.
8500 SW 92 ST
SUITE 106
MIAMI FL 33156**

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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when contesting)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SCHAUFELE, JACK STREET ADDRESS: P.O. BOX 189 15821 DANBURY CITY-ST-ZIP: DAMASCUS OH 44619	<input type="checkbox"/> Delete
TITLE: TD NAME: SCHAUFELE, NANCY STREET ADDRESS: P.O. BOX 189 15821 DANBURY CITY-ST-ZIP: DAMASCUS OH 44619	<input type="checkbox"/> Delete
TITLE: DS NAME: SCHAUFELE, NANCY STREET ADDRESS: P.O. BOX 189 15821 DANBURY CITY-ST-ZIP: DAMASCUS OH 44619	<input type="checkbox"/> Delete
TITLE: VD NAME: EDMONDS, EDWIN STREET ADDRESS: 3050 N.E. 39TH ST. CITY-ST-ZIP: FT. LAUDERDALE FL 33308	<input checked="" 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: _____	<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
TITLE: VD NAME: Robert M. Edmonds STREET ADDRESS: 1964 5th Ct. SE CITY-ST-ZIP: Vero Beach, Fla 32962	<input checked="" 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 Section 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: Nancy Schaufele Sec. Treas **3/13/06** **330-537-3910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #