


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K95500 1. Entity Name LITTLE QUEENIE ENTERPRISES, INC.	
--	---

Principal Place of Business 100 WORTH AVE., #715 PALM BEACH, FL 33480 US	Mailing Address 100 WORTH AVE., #715 PALM BEACH, FL 33480 US
--	--

DO NOT WRITE IN THIS SPACE

FILED

05 JAN 19 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0137545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D DOCTER, ALAN 100 WORTH AVE, APT. 715 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCTER, MARCIA 100 WORTH AVE, APT. 715 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200045885452
02/03/05--01002--002 **150.00

DO NOT WRITE
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: ALAN M DOCTER 1/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR