2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097035

Entity Name: LITTLE ANGELS ADOPTION AGENCY, LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

211 CIRCLE PARK SOUTH, STE. #5 108 NORTH RIDGEWOOD DRIVE

SEBRING, FL 33870 SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

211 CIRCLE PARK SOUTH, STE. #5 108 NORTH RIDGEWOOD DRIVE

SEBRING, FL 33870 SEBRING, FL 33870

FEI Number: 59-3688366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

VINCENT A. SICA, P.A. 10 SOUTH DESOTO AVE., SUITE 101

1494 WILDE STREET ARCADIA, FL 34266 AVON PARK,, FL 33825 US

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.

SHANNON MCCRACKEN

SIGNATURE: SHANNON MCCRACKEN 01/16/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition MCCRACKEN, SHANNON MCCRACKEN, SHANNON Name: Name:

Address: 211 CIRCLE PARK SOUTH, STE. #5 Address: 108 NORTH RIDGEWOOD DRIVE

City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870

Title: Title: () Change (X) Addition () Delete MCCRACKEN, MICHAEL C Name: Name:

Address: Address: 1494 WILDE STREET City-St-Zip: City-St-Zip: AVON PARK, FL 33825

Title: () Delete Title: SRVP () Change (X) Addition

PREWITT, CYNTHIA Name: Name: 620 NE 118TH AVE. RD Address: Address: City-St-Zip: City-St-Zip: SILVER SPRINGS, FL 34488

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHANNON MCCRACKEN **MGRM** 01/16/2009