


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90024 042 \*\*\*150.00

<b>DOCUMENT # L98975</b>					
1. Entity Name LITTLE ROAD, INC.					
Principal Place of Business 29656 US 19 NO STE 100 CLEARWATER, FL 33761 US		Mailing Address 29656 US 19 NO STE 100 CLEARWATER, FL 33761 US			
2. Principal Place of Business - No P.O. Box # 28059 U.S. Hwy 19 N. Suite/Apt. #, etc. 302		3. Mailing Address 28059 U.S. Hwy 19 N. Suite/Apt. #, etc. 302			
City & State Clearwater, FL		City & State FL Clearwater		04162007 Chg-P CR2E034 (12/06)	
Zip 33761-2523		Country U.S.A.		4. FEI Number 59-3030470	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MINIERI, CARL N 29656 US 19 NO STE 100 CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name CHRISTINE A. LEWIS Street Address (P.O. Box Number is Not Acceptable) 28059 U.S. Hwy 19 N. Suite 302 City Clearwater FL Zip Code 33761 2523		
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: <i>Christine A. Lewis</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 4/27/07	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MINIERI, CARL N 29656 US HWY 19, STE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEWIS, CHRISTINE A <del>29656 US 19, STE 100</del> 28059 U.S. Hwy 19 N. Suite 302 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	28059 U.S. Hwy 19 N. Suite 302 Clearwater FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 Chapter 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: <i>Christine A. Lewis</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHRISTINE LEWIS PRES.		Date 4/27/07 Daytime Phone # 727-623-2427	