


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000002270</b> 1. Entity Name <b>THE LITTLE UPPER ROOM, INC.</b>	
--	---

Principal Place of Business <b>2239 KIWI TRAIL CLERMONT, FL 34711</b>	Mailing Address <b>2239 KIWI TRAIL CLERMONT, FL 34711</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0825962</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>JOHNSON, FRANKIE 2239 KIWI TRAIL CLERMONT, FL 34711</b>
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000712363</b> <b>04/26/07-80044-008 70.00</b>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBBEY, HELENIA 2239 KIWI TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBBEY, MICHELLE 2239 KIWI TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, FRANKIE 2239 KIWI TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMILAH 5715 BRITTANEA DRIVE APT. 3178 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICKEY 2239 KIWI TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** *Frankie M Johnson* **Frankie M Johnson** **4/10/07** **352-988-8384**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #