

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 14, 2008  
Secretary of State**

DOCUMENT# N05000004266

Entity Name: LITTLE RED WAGON FOUNDATION INC.

**Current Principal Place of Business:**

4428 GENTRICE DR  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

4428 GENTRICE DR  
VALRICO, FL 33594

**New Mailing Address:**

FEI Number: 20-2736631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BONNER, ZACHARY L  
4428 GENTRICE DR  
VALRICO, FL 33594      US

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

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P                    ( ) Delete  
Name: BONNER, LAURIE F  
Address: 4428 GENTRICE DR  
City-St-Zip: VALRICO, FL 33594

Title: VP                    ( ) Delete  
Name: BONNER, KELLEY M  
Address: 4428 GENTRICE DR  
City-St-Zip: VALRICO, FL 33594

Title: VP                    ( ) Delete  
Name: CHESNEY, STEPHANIE  
Address: 4428 GENTRICE DR  
City-St-Zip: VALRICO, FL 33594

Title:                        ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                        ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                        ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                        ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP                    ( ) Change (X) Addition  
Name: CHESNEY, MATTHEW  
Address: 4428 GENTRICE DR  
City-St-Zip: VALRICO, FL 33596

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE BONNER

P

05/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date