

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011866

FILED  
Jul 01, 2006  
Secretary of State

Entity Name: LITTLE DREAMS FOUNDATION, INC.

**Current Principal Place of Business:**

6 JIMMY LEE RD  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

6 JIMMY LEE RD  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 02-0778255      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:**

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

SKIPPER, NATHAN  
6 JIMMY LEE RD  
WINTER HAVEN, FL 33880      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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SKIPPER, NATHAN L  
Address: 6 JIMMY LEE RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete  
Name: SKIPPER, DONNA L  
Address: 6 JIMMY LEE RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete  
Name: CARTER, JOANNE  
Address: 6 JIMMY LEE RD  
City-St-Zip: WINTER HAVEN, FL 33880

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NATHAN SKIPPER

P

07/01/2006

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

\_\_\_\_\_  
Date