

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012084

FILED
Apr 26, 2006
Secretary of State

Entity Name: LITTLE ANGELS ADOPTION AGENCY, INC.

Current Principal Place of Business:

211 CIRCLE PARK SOUTH
SEBRING, FL 33870

New Principal Place of Business:

211 CIRCLE PARK SOUTH
SUITE #5
SEBRING, FL 33870

Current Mailing Address:

211 CIRCLE PARK SOUTH
SEBRING, FL 33870

New Mailing Address:

211 CIRCLE PARK SOUTH
SUITE #5
SEBRING, FL 33870

FEI Number: 59-3688366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRACKEN, SHANNON B
211 CIRCLE PARK SOUTH
SEBRING, FL 33870 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: DP () Delete
Name: MCCRACKEN, SHANNON B
Address: 1494 WILDE STREET
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: PREWITT, CYNTHIA
Address: 620 NE 118TH AVE RD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: DST () Delete
Name: BATEMAN, CELIA
Address: 7802 SE PARKER DR
City-St-Zip: ARCADIA, FL 34266

Title: DV () Delete
Name: MCCRACKEN, MIKE
Address: 1494 WILDE STREET
City-St-Zip: AVON PARK, FL 33825

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: DV (X) Change () Addition
Name: MCCRACKEN, MIKE
Address: 1494 WILDE STREET
City-St-Zip: AVON PARK, FL 33825

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: SHANNON B MCCRACKEN

DP

04/26/2006

Electronic Signature of Signing Officer or Director

Date