

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001811

FILED
May 01, 2007
Secretary of State

Entity Name: LITTLE FOOTPRINTS ADOPTION AGENCY, INC.

Current Principal Place of Business:

1510 E COLONIAL DR SUITE 210
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1510 E COLONIAL DR SUITE 210
ORLANDO, FL 32803

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ANDARGE, FOZIA
1510 E COLONIAL DR SUITE 210
ORLANDO, FL 32803 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: D () Delete
Name: ADAMS, TARQUIN J
Address: 1510 E COLONIAL DR SUITE 210
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: ANDARGE, FOZIA
Address: 1510 E COLONIAL DR SUITE 210
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: ADAMS, MARIA C
Address: 2437 MULBRY RD
City-St-Zip: WINTER PARK, FL 32879

Title: D () Delete
Name: ANDARGE, HAILE
Address: 1163 HAWKSLADE CT
City-St-Zip: WINTER GARDEN, FL 34787

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

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: TARQUIN ADAMS

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date