2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006781

Entity Name: MARY'S LITTLE LAMBS, INC.

FILED Aug 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
12330 NW 62 AVE CHIEFLAND, FL 32626	

Current Mailing Address: New Mailing Address:

307 SW 5TH ST. CHIEFLAND, FL 32626

FEI Number: 20-5079671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BEAUCHAMP, ROBERT J. GOLDING, MARY 105 E. PARK ÁVE 307 SW 5TH STREET. CHIEFLAND, FL 32626 US US CHIEFLAND, FL 32626

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: MARY GOLDING 08/28/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition GOLDING, MARY Name: Name: Address: 307 SW 5 ST Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOLDING, SELVIN Name: Address: 4712 PIEDMONT COURT Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: () Change () Addition SANDERS, DONNELL Name: Name: 306 SW 4TH STREET Address: Address: City-St-Zip: CHIEFLAND, FL 32626 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SANDERS, TRACEY Name: Address: 306 SW 4TH STREET Address: City-St-Zip: CHIEFLAND, FL 32626 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.

Ρ SIGNATURE: MARY GOLDING 08/28/2009