

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008187

FILED
Apr 26, 2008
Secretary of State

Entity Name: LITTLE LAMBS CENTER, INC.

Current Principal Place of Business:

7800 KISMET STREET
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7800 KISMET STREET
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSH, KAVEL
7800 KISMET STREET
MIRAMAR, FL 33023 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: BROOMFIELD, KAVEL
Address: 7800 KISMET STREET
City-St-Zip: MIRAMAR, FL 33023

Title: V () Delete
Name: MARSH, RHOEL
Address: 7800 KISMET STREET
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: TURNER, ROSALIE
Address: 761 NE 180TH STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: S () Delete
Name: CHRISTIAN, NICHOLA
Address: 5100 SW 41ST STREET APT 108
City-St-Zip: PEMBROKE PARK, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROMFIELD, KAVEL
Address: 7800 KISMET STREET
City-St-Zip: MIRAMAR, FL 33023

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

Title: T (X) Change () Addition
Name: TURNER, ROSALEE
Address: 761 NE 180TH STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

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: KAVEL BROMFIELD

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date