

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001598

FILED  
May 23, 2005  
Secretary of State

Entity Name: GOD'S LITTLE ACRES, INC.

**Current Principal Place of Business:**

4551 NORTHWEST 39TH AVENUE  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4551 NORTHWEST 39TH AVENUE  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 65-0817942      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 Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      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: PSTD      ( ) Delete  
Name: NAST, JOAN  
Address: 4551 NORTHWEST 39TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD      ( ) Delete  
Name: NAST, YVETTE  
Address: 3000 NW 42ND AVE  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D      ( ) Delete  
Name: NAST, DARREN  
Address: 4551 NORTHWEST 39TH AVENUE  
City-St-Zip: COCONUT CREEK, FL 33073

**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 Section 119.07(3)(i), 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: JOAN NAST

PSTD

05/23/2005

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

\_\_\_\_\_  
Date